#### Edgar Filing: ARADIGM CORP - Form 4

AD ADICIA CODI

Form 4	UKP									
December 07	, 2016									
FORM	4									PROVAL
	UNITE	D STATES		ATTIES A Shington,			NGE (	COMMISSION	OMB Number:	3235-0287
Check this if no longe	۰r			~ ~ ~ ~ ~ ~ ~		~~			Expires:	January 31, 2005
subject to Section 16 Form 4 or Form 5	<b>51A11</b> 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,					Estimated average burden hours per response (			
obligation may contin <i>See</i> Instruct 1(b).	s Section 1	7(a) of the		ility Hold	ling Com	pany	Act of	f 1935 or Section	n	
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> PECOTA NANCY E			2. Issuer Name <b>and</b> Ticker or Trading Symbol ARADIGM CORP [ARDM]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Cnec.	k all applicable	;)
C/O ARADI CORPORAT EDEN WAY	TION, 3929 PC	DINT	(Month/D 12/06/20	-				Director X Officer (give below) V		Owner er (specify
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HAYWARD	, CA 94545							Person	lore than One Re	porting
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	on Date, if	Pate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Year) (Instr. 8) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Comm				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)		
Common Stock	12/06/2016			А	40,900	А		90,827	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: ARADIGM CORP - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
PECOTA NANCY E C/O ARADIGM CORPORATION 3929 POINT EDEN WAY HAYWARD, CA 94545			VP and CFO				

### Signatures

/s/ Nancy Pecota 12	/07/2016
---------------------	----------

<u>\*\*</u>Signature of Reporting Person Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The price reported in Column 4 is a weighted average price, rounded up to the next whole number. The shares were purchased in multiple transactions at prices ranging from \$2.21 to \$2.32, inclusive. The reporting person undertakes to provide to Aradigm Corporation, any security holder of Aradigm Corporation, or the staff of the Securities and Exchange Commission, upon request, full information, regarding the number of shares purchased at each separate price within the ranges set forth in the footnote to this Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.