MEDAREX INC Form 4 July 27, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * VIDA JULIUS A

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

MEDAREX INC [MEDX]

(Check all applicable)

C/O VIDA INTL PHARM

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 07/26/2005

_X__ Director 10% Owner Officer (give title Other (specify

CONSULTANTS, 27 SACHEM **ROAD**

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

GREENWICH, CT 06830

(City)	(State)	Zip) Table	I - Non-D	erivative Securities Ac	quired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, par value \$.01 per share	r				93,440	D	
Common Stock, par value \$.01 per share	r				200	I	By son
Common Stock, par value \$.01	r				330	I	By Spouse

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per share

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

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SEC 1474 (9-02)

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

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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 27.17	05/18/2000		A	5,000	11/18/2000	05/17/2010	Common Stock	5,000
Stock Options (Right to Buy)	\$ 45.2	10/13/2000		A	32,000	04/13/2001	10/12/2010	Common Stock	32,000
Stock Options (Right to Buy)	\$ 28.47	05/23/2001		A	2,500	11/23/2001	05/22/2011	Common Stock	2,500
Stock Options (Right to Buy)	\$ 9.625	05/22/2002		A	2,500	11/22/2002	05/21/2012	Common Stock	2,500
Stock Options (Right to Buy)	\$ 7.4795	07/23/2002		A	14,000	01/23/2003	07/22/2012	Common Stock	14,000
Stock Options (Right to Buy)	\$ 5.59	07/24/2003		A	14,000	01/24/2004	07/23/2013	Common Stock	14,000
	\$ 4.885	08/11/2004		A	18,000	02/11/2005	08/10/2014		18,000

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Stock Common Options Stock (Right to Buy) Stock **Options** Common 01/26/2006 07/25/2015 \$ 9.835 07/26/2005 A 18,000 18,000 (Right to Stock Buy)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

VIDA JULIUS A C/O VIDA INTL PHARM CONSULTANTS 27 SACHEM ROAD GREENWICH, CT 06830



Signatures

JULIUS A.

VIDA 07/27/2005

**Signature of Date
Reporting Person

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).

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.

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