Alton Gregg Form 5 February 16											
FORM	15							OMB AF	PROVAL		
Check thi no longer	UNITED s box if		S SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549				AMISSION	OMB Number: Expires:	3235-0362 January 31, 2005		
to Section Form 4 or 5 obligation may conti	r Form ANN ons inue.	m ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							verage rs per 1.0		
1(b). Form 3 H Reported Form 4	<i>See</i> Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions										
1. Name and A Alton Greg	Address of Reporting g H	Symbol	2. Issuer Name and Ticker or Trading Symbol GILEAD SCIENCES INC [GILD]				5. Relationship of Reporting Person(s) to Issuer				
(Last) GILEAD S LAKESIDE	CIENCES, INC.,	(Month. 12/31/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017				(Check all applicable) Director 10% Owner Officer (give title Other (specify below) EVP,Corporate &Medical Affairs				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
FOSTER C	ITY, CA 944	04				_X_ Per	_ Form Filed by O _ Form Filed by M son				
(City)	(State)	(Zip) Ta	ble I - Non-De	rivative Sec	urities A	Acquire	d, Disposed of,	or Beneficial	y 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. Securit (A) or Dis (Instr. 3, 4)	(A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/20/2017	Â	W	14,435 (1)	A ^{\$} ₇	5 71.01	14,435	Ι	by Trust		

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.SEC 2270
(9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. D S B O E I S F i (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner Officer			Other			
Alton Gregg H GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	Â	Â	EVP,Corporate &Medical Affairs	Â			
Signatures							
/s/ Marissa Song by Power of A Alton	ttorney f	or Gregg H	. 02/16/2018				
**Signature of Reporting	ng Person	Date					
Explanation of Po	enor	0000					

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).
- (1) Shares inherited from family trust

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.