

MEDIMMUNE INC /DE
 Form 3/A
 August 11, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| * ^ Lupien Pamela J | | (Month/Day/Year) | MEDIMMUNE INC /DE [MEDI] | |
| (Last) | (First) | (Middle) | 05/19/2005 | |
| ONE MEDIMMUNE WAY | | | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | | (Check all applicable) | 05/31/2005 |
| GAITHERSBURG, ^ MD ^ 20878 | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (City) | (State) | (Zip) | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
| | | | (give title below) (specify below) | <input type="checkbox"/> Form filed by More than One Reporting Person |
| | | | VP, Human Resources | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock | 2,293 | D | ^ |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|--|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | |

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| | | | | Shares | | (I) (Instr. 5) | |
|------------------------------|---------------------------|------------|--------------|--------|----------|-------------------|---|
| Stock Options (Right to buy) | 06/04/2004 ⁽¹⁾ | 03/04/2014 | Common Stock | 30,000 | \$ 23.45 | D | Â |
| Stock Options (Right to buy) | 05/16/2005 ⁽¹⁾ | 02/16/2015 | Common Stock | 35,000 | \$ 24.17 | D | Â |
| Stock Options (Right to buy) | 05/20/2003 ⁽¹⁾ | 02/20/2013 | Common Stock | 25,000 | \$ 29.34 | D | Â |
| Stock Options (Right to buy) | 04/01/2003 ⁽²⁾ | 04/01/2012 | Common Stock | 30,000 | \$ 39.33 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-----------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Lupien Pamela J ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 | Â | Â | Â VP, Human Resources | Â |

Signatures

William C. Bertrand, Jr., as attorney-in-fact
Date: 08/11/2005

Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- (2) Grant exercisable in quarterly installments over a four year period subject to a one year wait period. Four quarters vest upon reaching one year wait period.
- (1) Grant exercisable in quarterly installments over a four year period.

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.