FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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	OMB APPROVAL						
	OMB Number:	3235-0287					
Estimated average burden							
	hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

**BIOGEN IDEC INC** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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1. Name and Address of Reporting Person* BIOGEN IDEC INC				TA	2. Issuer Name and Ticker or Trading Symbol TARGETED GENETICS CORP /WA/ TGEN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				
					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2005									Officer (give title Other (specify below)				
(Street) CAMBRIDGE MA 02142				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person  Person				
(City)	(St	•	(Zip)		<u> </u>									<u> </u>				
1. Title of S	ecurity (Inst		le I - Non	1-Deriv 2. Transa		_	. Deeme		quirea,	DIS	4. Securiti	-			_	ount of	6. Ownership	7. Nature
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Date		Ex r) if a	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4			Securi Benefi Owner	Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)		()
Common	Stock, \$0.0	1 Par Value		07/29/	/2005				S		8,000	I	0	\$0.8	11,	857,448	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		9,300	I	)	\$0.77	11,	848,148	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		2,200	I	\$	0.7702	11,	845,948	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		600	I	\$	0.7703	11,	845,348	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		3,400	I	\$	0.7704	11,	841,948	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		7,300	I		\$0.78	11,	834,648	I	by Biogen Idec MA Inc. <sup>(1)</sup>
Common	Stock, \$0.0	1 Par Value		08/01/	/2005				S		2,200	I		\$0.8	11,	832,448	I	by Biogen Idec MA Inc. <sup>(1)</sup>
		Т	able II - D (e								osed of, onvertib				wned			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction A. Deemed Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction of code (Instr. Deriva		ative rities ired osed	6. Date E Expiratio (Month/E	n Dat		Amount of		Der Sed (Ins	rice of ivative curity tr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amou or Numb of Share	er				

(Last)	(First)	(Middle)						
14 CAMBRIDGE CENTER								
(Street) CAMBRIDGE	MA	02142						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>BIOGEN IDEC MA INC</u>								
(Last)	(First)	(Middle)						
14 CAMBRIDGE CENTER								
(Street) CAMBRIDGE	MA	02142						
(City)	(State)	(Zip)						

## Explanation of Responses:

 $1.\ Shares\ are\ owned\ indirectly\ by\ Biogen\ Idec\ Inc.\ and\ directly\ by\ its\ wholly-owned\ subsidiary\ Biogen\ Idec\ MA\ Inc.,\ fka\ Biogen,\ Inc.$ 

## Remarks:

See Joint Filer information below.

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

- $^{\star}$  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.

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 Number.