

Folena-Wasserman Gail M
 Form 3/A
 September 09, 2005

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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

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)
------------------------------------	--	---	--

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

SEC 1473 (7-02)

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 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) Date Exercisable Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	--	---	--	--	--

(Instr. 5)

Stock Options (right to buy)	Â (1)	03/04/2014	Common Stock	70,000	\$ 23.45	D	Â
Stock Options (Right to buy)	Â (1)	02/15/2015	Common Stock	75,000	\$ 24.17	D	Â
Stock Options (Right to buy)	Â (1)	02/20/2013	Common Stock	75,000	\$ 29.34	D	Â
Stock Options (Right to buy)	Â (1)	03/01/2012	Common Stock	20,000	\$ 41.23	D	Â
Stock Options (Right to buy)	Â (1)	02/21/2012	Common Stock	45,000	\$ 41.41	D	Â
Stock Options (Right to buy)	11/16/1999	11/16/2005	Common Stock	6,000	\$ 1.9583	D	Â
Stock Options (Right to buy)	02/26/2001	02/26/2007	Common Stock	27,000	\$ 2.4583	D	Â
Stock Options (Right to buy)	03/13/2000	03/13/2006	Common Stock	9,000	\$ 2.75	D	Â
Stock Options (Right to buy)	02/25/2002	02/25/2008	Common Stock	48,000	\$ 8.2917	D	Â
Stock Options (Right to buy)	02/24/2003	02/24/2009	Common Stock	45,000	\$ 18.9063	D	Â
Stock Options (Right to buy)	02/15/2005	02/15/2011	Common Stock	40,000	\$ 38.688	D	Â
Stock Options (Right to buy)	02/17/2004	02/17/2010	Common Stock	45,000	\$ 60.4167	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Folena-Wasserman Gail M C/O MEDIMMUNE, INC. ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878	Â	Â	Â SVP, Development	Â

Signatures

William C. Bertrand, Jr.,
Attorney-in-fact

09/09/2005

__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).

(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.