
OMB APPROVAL

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 3

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*

Abbott Laboratories

(Last) (First) (Middle)

c/o Abbott Laboratories, 100 Abbott Park Road

(Street)

Abbott Park Illinois 60064-3500

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

08/03/99

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Issuer Name and Ticker or Trading Symbol

Triangle Pharmaceuticals, Inc. (NASDAQ: VIRS)

5. Relationship of Reporting Person to Issuer

(Check all applicable)

- Director 10% Owner
 Officer (give title below) Other (specify below)

6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check applicable line)

- Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

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Table I -- Non-Derivative Securities Beneficially Owned
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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. 4)
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Common Stock, par value \$0.001 per share	6,571,428	D	
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* If the Form is filed by more than one Reporting Person, see Instruction 5(b) (v) .

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

(Over)

(Form 3-07/98)

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 (I) (Instr. 5)	6. Nature of Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
None						

Explanation of Responses:

ABBOTT LABORATORIES

By: /s/ Gary L. Flynn 08/10/99

 Name: Gary L. Flynn Date
 Title: Vice President & Controller

**Signature of Reporting Person

** 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 provided is insufficient, see Instruction 6 for procedure.