Edgar Filing: PRO PHARMACEUTICALS INC - Form 4

PRO PHAR Form 4 March 13, 2	MACEUTICALS	S INC									
FORM	ЛЛ								PPROVAL		
	UNITED	STATES		RITIES A			GE COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Expires: January 31 2005 Estimated average burden hours per response 0.5				
Form 5 obligatio may con <i>See</i> Instr 1(b).	Filed pur ons Section 17((a) of the	Public U		ding Cor	npany A	hange Act of 1934, Act of 1935 or Sectio of 1940	response n	. 0.3		
(Print or Type	Responses)										
F			2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW]			Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month			(Month/	3. Date of Earliest Transaction Month/Day/Year) 03/08/2007			below)	X Officer (give title Other (specify			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by (6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEWTON,	, MA 02459						Person	fore than One K	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securitie	es Acquired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		Securities F Beneficially (Owned (Following (Reported Transaction(s) (Instr. 3 and 4)	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cl	ass of sec								

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securi
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Num Shar
Employee Stock Option (right to buy)	\$ 1.01	03/08/2007		А	100,000	03/08/2007(1)	03/08/2012	Common Stock	100

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Zomer Eliezer C/O PRO-PHARMACEUTICALS, INC. 7 WELLS AVENUE, SUITE 34. NEWTON, MA 02459			Ex. VP, Mfg. & Product Dev.			
Cianaturaa						

Signatures

/s/ Maureen Foley	03/12/2007		
<u>**</u> Signature of Reporting Person	Date		

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) The options vest in three equal annual installments beginning on March 8, 2008.

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.