#### **ZUCCONI THEODORE DANIEL**

Form 4 May 28, 2009

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* **ZUCCONI THEODORE DANIEL** 

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

PRO PHARMACEUTICALS INC

[PRWP.OB]

(Check all applicable)

Chief Executive Officer

(Middle)

3. Date of Earliest Transaction (Month/Day/Year) 04/21/2009

Director 10% Owner X\_ Officer (give title Other (specify below)

C/O PRO-PHARMACEUTICALS. INC, 7 WELLS AVENUE, SUITE

(Street)

(First)

34

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**NEWTON, MA 02459** 

(City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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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. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Dat	Date Exercisable and piration Date onth/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Num Share	
Employee Stock Option (right to buy)	\$ 47.5	05/21/2009		A	400,000	05/21/2009	05/21/2016	Common Stock	400	
Employee Stock Option (right to buy)	\$ 47.5	05/21/2009		A	150,000	12/31/2009	05/21/2016	Common Stock	150	
Employee Stock Option (right to buy)	\$ 47.5	05/21/2009		A	200,000	12/31/2010	05/21/2016	Common Stock	200	
Employee Stock Option (right to buy)	\$ 47.5	05/21/2009		A	1,250,000	<u>(1)</u>	05/21/2016	Common Stock	1,25	

# **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other

**ZUCCONI THEODORE DANIEL** C/O PRO-PHARMACEUTICALS, INC 7 WELLS AVENUE, SUITE 34

**NEWTON, MA 02459** 

**Signatures** 

/s/ Maureen 05/28/2009 Foley

\*\*Signature of Reporting Person Date

Reporting Owners 2

Chief Executive Officer

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# **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) Balance of 1,250,000 employee stock options will vest upon completion of certain milestone objectives identified in Zucconi Employment Agreement effective May 21, 2009.

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.