Edgar Filing: FOLEY MAUREEN - Form 4

FOLEY MAU Form 4										
February 03, 2	Л	статғс	SECU	DITIES A	ND FY	CHANC	E COMMISSION		PPROVAL	
		STATES		shington,			E COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16. Form 4 or	r STATEN	STATEMENT OF CHANGES IN 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							Expires:January 3° 200Estimated average burden hours per response0.	
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section 17(
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> FOLEY MAUREEN			2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) (1 ARMACEUTI LS AVENUE, 3		3. Date of	of Earliest Ti Day/Year)	ransaction		Director X Officer (give below) Chief (
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEWTON, M	1A 02459						Person	nore than One R	eponing	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	Acquired, Disposed of	f, or Beneficia	lly Owned	
		ransaction Date 2A. Deeme nth/Day/Year) Execution any (Month/Da		Date, if TransactionAcquired (A) or Code Disposed of (D)			SecuritiesFBeneficially()Owned()Following()Reported()Transaction(s)	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Report	rt on a separate line	for each cla	ass of sec	urities benef	icially own	ned directly	or indirectly.			

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)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Employee Stock Option (right to buy)	\$ 0.3	02/01/2010		A	200,000	02/01/2010	02/01/2015	Common Stock	200,0

Reporting Owners

Reporting Owner Name / Address		Relationships					
FB			10% Owner	Officer	Other		
FOLEY MAUREEN C/O PRO-PHARMACEUTICALS, INC. 7 WELLS AVENUE, SUITE 34. NEWTON, MA 02459				Chief Operating Officer			
Signature	S						
/s/ Maureen Foley	02/02/2010						
<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).

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.