#### Edgar Filing: ADVENTRX PHARMACEUTICALS INC - Form 4

#### ADVENTRX PHARMACEUTICALS INC

Form 4

August 21, 2006

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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)

1. Title of

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Schupp Joachim PH

(First) (Middle)

6725 MESA RIDGE RD., SUITE 100

(Street)

SAN DIEGO, CA 92121

2. Issuer Name and Ticker or Trading

Symbol

PHARMACEUTICALS INC [ANX]

3. Date of Earliest Transaction

**ADVENTRX** 

(Month/Day/Year)

08/18/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

VP, Medical Affairs

10% Owner

Other (specify

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

(City) (State)

> 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

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

(A)

or

5. Amount of Securities Beneficially Owned Following Reported

Form: Direct Indirect (D) or Indirect Beneficial (I) (Instr. 4)

6. Ownership

Ownership (Instr. 4)

7. Nature of

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of

Conversion

Derivative

3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amoun Underlying Securiti

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/ Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		)	(Instr. 3 and	4)
				Code V	(A) (D)	) Date Exercisable	Expiration Date	Title	Amou Numb Share
Option to Purchase Common	\$ 2.99	08/18/2006	<u>(1)</u>	A	100,000	08/15/2007(2)	08/18/2016	Common Stock	100,

## **Reporting Owners**

Relationships Reporting Owner Name / Address

10% Owner Other Director Officer

Schupp Joachim PH

Stock

6725 MESA RIDGE RD., SUITE 100 VP, Medical Affairs

SAN DIEGO, CA 92121

## **Signatures**

/s/ Joachim 08/21/2006 Schupp, PH

\*\*Signature of Reporting 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) Not applicable to this transaction
- Option vests with respect to 1/4 of the shares on 8/15/2007, and with respect to 1/36 of the shares at the end of each calendar month after 8/15/2007, subject to Continuous Service of the optionholder.

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.

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