FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

hours per response:

OMB Number: 3235-0287 Estimated average burden

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							,			- 1 , -								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
JOHNSON CARLTON M					PPHM 1								X Director		1	0% Owi	ner	
,														(give title		ther (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							below)		b	elow)		
14282 FRANKLIN AVENUE					05/04/2012													
						4. If Amandment Date of Original Filed (Month/Dec. (1977)							C. Individual or Joint/Crown Filing (Charle Are Fig. 1)					
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
TUSTIN	CA 921		92780										X Form fi	ed by One	Reporting	porting Person		
													Form fi	ed by More	than One	Reporti	ng	
(City)	(State)		(Zip)										Person	1				
(City)	(3	nate)	(ZIP)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of																	
				2. Transa Date				2A. Deemed Execution Date.			4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		5. Amount of 3 5) Securities		6. Ownersh	ip 7	. Nature of	
			(Month/Day/Year)		ar)	if any (Month/Day/Year)		Code (Inst	Code (Instr.		Of (D) (Instr. 3, 4 and 5		Beneficially		(D) or Indirect B			
								ar) 8)				Owned Fo	ollowing	(I) (Instr. 4)		Ownership (Instr. 4)		
								Code V	Amount	(A) o	r Price	Transacti			"	113(1.4)		
								10000		(D)	1	(Instr. 3 a	nd 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
				(e.g., p	uts,	call	ls, warı	ants	s, options,	convert	ible secu	ırities)						
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed	4.	nsaction de (Instr.		5. Number of Derivative Securities		6. Date Exerci			d Amount	8. Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise		Execution Da						Expiration Date (Month/Day/Year)		of Securit		Derivative Security	derivative Securities		ership n:	of Indirect Beneficial	
(Instr. 3)	Price of		(Month/Day/Y				Acquired (A)		(·,	Derivative	Security	(Instr. 5)	Beneficial	ly Dire	Direct (D)	Ownership	
	Derivative Security						or Disposed of (D) (Instr. 3, 4 and 5)		(Ins			(Instr. 3 and 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
													_	Reported Transaction(s)	on(s)			
												Amount		(Instr. 4)	J.1(3)			
									Date	Expiration		or Number						
				Cod	ie V		(A)	(D)	Exercisable	Date	Title	of Shares						
Non-																		
Qualified Stock				- I .					(4)		Common					_		
Options	\$0.46	05/04/2012		A			250,000		08/04/2012 ⁽¹⁾	05/04/2022	Stock	250,000	\$0.000	852,00	U	D		
(right to buy)																		
		I	I		- 1	- 1			I	1	1	1	1	I	1		I	

Explanation of Responses:

1. This option vests quarterly over a two year period.

/s/ By: Michelle May For: 05/08/2012 Carlton M. Johnson

** Signature of Reporting Person

Date

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

- * 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.

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 Number.