FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bi	urden
hours per response:	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. Name and Address of Reporting Person* JOHNSON CARLTON M				<u>P</u>	2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC [PPHM]							<u>C</u> [(Ch	eck all applic	able)	ting Person(s) to Issu		vner
(Last) (First) (Middle) C/O PEREGRINE PHARMACEUTICALS, INC. 14282 FRANKLIN AVENUE.				3. Date of Earliest Transaction (Month/Day/Year) 01/11/2008								below)	(give title		Other (s below)	респу	
(Street) TUSTIN (City)		tate)	92780 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Ta	ble I - Non-D	erivati	ve Se	curities	s Acc	quired, [Disp	osed c	of, or Be	neficiall	y Owned				
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8				5. Amour Securities Beneficia Owned For Reported	s Form ally (D) o ollowing (I) (Ir		n: Direct I or Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	tion(s)		[30. 7)
Common Stock, \$.001 par value												38,	38,293		D		
			Table II - Dei (e.ç					uired, Di , options					Owned	•			•
Security or Exercise (Month/Day/Year) if any		Execution Date,	Code (Transaction Code (Instr. 8)		Derivative Ex		5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		kpiration ate	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Non- Qualified Stock Option (right to buy)	\$0.39	01/11/2008		A		250,000		(1)	01	1/11/2018	Common Stock	250,000	\$0	1,300,0	00	D	

Explanation of Responses:

1. Option will vest over 24 equal monthly installments.

Remarks:

/s/ Paul J. Lytle, Power of Attorney for Carlton M.

01/11/2008

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.