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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* SWARTZ ERIC S (Last) (First) (Middle) | | Person* | 2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | |
|--|--------------|----------|---|------------------|--|--------------------------|--|--|
| | | | [PPHM] | | | | | |
| | | (Middle) | | | Officer (give title below) | Other (specify below) | | |
| C/O PEREGRINE PHARMACEUTICALS, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2007 | | | , | | |
| 14282 FRAN | IKLIN AVENUE | 1 | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Filing (Check Applicable | | | |
| (Street) | | | | x x | Form filed by One Re | porting Person | | |
| TUSTIN, | CA | 92780 | | | , | | | |
| | | | _ | | Form filed by More the Person | an One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
|---------------------------------|--|--|------|---|---|---|---|--|-------------------------|-----------------------------------|
| | | (| Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | () (| (Instr. 4) |
| Common Stock, \$.001 par value | 08/31/2007 | | Р | | 20,000 | A | \$0.71 | 2,107,199 | D ⁽¹⁾ | |
| Common Stock, \$.001 par value | | | | | | | | 538,693 | I | By Swartz Ventures, Inc. |

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

| | (-3), | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| 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. Transa Code (8) | | on of | | 6. 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | (2) | | | | | | | (2) | (2) | Common Stock | 700,000 | | 700,000 | D | |

Explanation of Responses:

1. Includes 179,887 shares held in an Individual Retirement Account (IRA) for the benefit of Eric S. Swartz.

2. Not applicable. **Remarks:**

Remains.

/s/ Paul Lytle, Power of

Attorney for Eric S.

08/31/2007

Date

** Signature of Reporting Person

Swartz

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.