FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | den | | | | | | | | |
| 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).

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

| | | | | | | | . , | | | | ' ' | | | | | | | | |
|--|--|------------|--|-------------|-----------------|---|----------|-----------------|---|-----|------------------|---|---|---|---|----------------------------|--|--|--|
| 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) | | | | | |
| <u>Fussey Shelley PM</u> | | | | | PPHM] | | | | | | | <u> </u> | Director | | | 10% Owner | | | |
| (1-12) (5-12) | | | | | L | | | | | | | | _ : | Officer below) | (give title | title Other (spe below) | | pecify | |
| (Last) (First) (Middle) 14282 FRANKLIN AVE. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2012 | | | | | | | | V.P., Intellectual Property | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| TUSTIN CA 92780-7017 | | 7 | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | | | D | - 4: | - 0- | | - • - | | | | D | 6: . : . 11 | | | | | | |
| | | | ble I - Non- | -Deriva | ative | e Se | curities | S AC | quirea, D | ısp | osea o | r, or Ber | тетісіан | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code (Instr. 5) | | | | | 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 Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | | Table II - D | | | | | | uired, Dis , options, | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Exe or Exercise (Month/Day/Year) if ar | | 3A. Deemed Execution Da if any (Month/Day/Y | on Date, Tr | | ction Instr. | of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Incentive Stock Options (right to buy) | \$0.95 | 02/17/2012 | | | A | | 58,000 | | 05/17/2012 ⁽¹⁾ | 0 | 2/17/2022 | Common Stock | 58,000 | \$0.0000 | 215,50 | 00 | D | | |

Explanation of Responses:

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

/s/ Michelle May For Shelley P.M. Fussey

02/17/2012

** 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.