FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name an	PE	2. Issuer Name <b>and</b> Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC PPHM ]								(Ch	eck all app	olicable) ctor		Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 04/29/2016									X Offic belo	,	Other (specify below)		
(Street) TUSTIN CA 92780  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) <mark>X</mark> Forn Forn	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
									Code	v	Amount	(A (D	) or )	Price	Trans	action(s) 3 and 4)		(Instr. 4)	
Common Stock 04/29/2							2016		J <sup>(1)</sup>		10,683		A	\$0.30	1 1	93,963	D		
		Та									sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transact Code (In					6. Date E Expiratio (Month/D	n Dat	е	Amount of		tr. 3	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Num of Shar	ber					

## Explanation of Responses:

 $1. \ Shares \ acquired \ under \ the \ issuer's \ employee \ stock \ purchase \ plan \ on \ April \ 29, \ 2016.$ 

<u>/s/ Steven W. King</u> <u>05/02/2016</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.