FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	<b>OF CHANG</b>	<b>ES IN BENEFIC</b>	IAL OWNERSHIP

OIVID APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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 and Address of Reporting Person* POHL DAVID					2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC PPHM ]						C [ Che	Relationship of Reporting Person(s) to Issue eck all applicable) $X$ Director 10% Own				
(Last) (First) (Middle) 14282 FRANKLIN AVENUE			3	3. Date of Earliest Transaction (Month/Day/Year) 05/04/2012							Officer ( below)	(give title		Other (specify below)		
(Street) TUSTIN (City)		A state)	92780 (Zip)	4 	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	Form fil	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on			
		Ta	able I - Non-De	erivati	ive S	ecuritie	s Ac	cquired, Di	sposed o	f, or Bei	neficially	Owned				
Da			Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		ed (A) or tr. 3, 4 and 5	Securities Beneficial	5. Amount of Securities Beneficially Owned Following Reported		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transaction (Instr. 3 au				(30. 4)
			Table II - Der (e.g					uired, Disp s, options,				Owned				
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C				insaction Derivative		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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Non- Qualified Stock Options (right to buy)	\$0.46	05/04/2012		Α		250,000		08/04/2012 <sup>(1)</sup>	05/04/2022	Common Stock	250,000	\$0.000	852,00	00	D	

## **Explanation of Responses:**

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

/s/ By: Michelle May For: 05/08/2012 David H. Pohl

\*\* 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.