## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Washington,	DC	205/19
vvasiliilytuii,	D.C.	20049

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

STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028

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OMB Number:	3235-0287
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hours per response:	0.5

1. Name and Address of Reporting Person*  KING STEVEN W					2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC PPHM							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) (First) (Middle) 14282 FRANKLIN AVE.				[ ·	3. Date of Earliest Transaction (Month/Day/Year) 10/30/2015							-	X Office below	,	Other below ont & CEO	(specify )
(Street) TUSTIN (City)			)2780 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group F Line)  X Form filed by One F Form filed by More Person								e Reporting Per	son		
		Tabl	e I - Non-E	Derivati	ive Se	curities Acc	uired,	Dis	osed o	f, o	r Ben	eficia	lly Own	ed		
Date			. Transacti Pate Month/Day	y/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				nd Secui Benet	eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount (A) or (D)		(A) or (D)	Price	Trans	action(s) 3 and 4)		(11341.4)	
Common	Stock			10/30/20	015		J <sup>(1)</sup>		5,474	1	A	\$0.	60.95 183,280 D			
		Та				ırities Acqui s, warrants,							y Owned			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Co	ansactior ode (Instr	n of	6. Date E Expiratio (Month/E	n Date	Amount of		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date

Exercisable

(D)

Expiration

Date

## Explanation of Responses:

 $1. \ Shares \ acquired \ under \ the \ issuer's \ employee \ stock \ purchase \ plan \ on \ October \ 30, \ 2015.$ 

<u>/s/ Steven W. King</u> <u>11/02/2015</u>

Amount or Number

of Shares

Title

\*\* 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).

Code

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.