| FO | R | Μ | 4 |
|----|---|---|---|
|----|---|---|---|

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| | tion 1(b). | nue. See | | | | | | a) of the Secu Investment C | | | 934 | | hours p | er response: | 0.5 |
|---|---|--|--|---|--|-----------------|-----------------|--------------------------------|--|---|--|--|--|--|---------------------------------------|
| Master (Last) | Name and Address of Reporting Person* Masten Jeffrey L. (Last) (First) (Middle) 14282 FRANKLIN AVE | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC [PPHM] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | <u> </u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) V.P. Quality | | | Owner (specify |
| (Street) TUSTIN (City) | Г С . | A | 92780 (Zip) | Ľ | 02/17/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ble I - Non-E | Derivati | ve Se | ecuritie | s Ad | cquired, Di | sposed o | of, or Ber | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date | | | | Saction (Day/Year) (Month/Day/Year) | | Code (Instr. 5) | | | | and Securities Beneficially Owned Follo | | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | | | |
| | | | Table II - De | | | | | uired, Dis s, options, | | | | Owned | | | · |
| 1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercise Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | e, 4. Trans Code | 4. Transaction Code (Instr. | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d Amount ies g : Security nd 4) | unt 8. Price of Derivative Security | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Incentive Stock Options (right to | \$0.95 | 02/17/2012 | | А | | 21,750 | | 05/17/2012 ⁽¹⁾ | 02/17/2022 | Common | 21,750 | \$0.0000 | 177,853 | D | |
| buy) | | 02/1//2012 | | A | | | | | | Stock | | | | | |

Explanation of Responses:

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

/s/ Michelle May For Jeffrey L. 02/17/2012

Masten

** 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.