FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BEN

g, <del>.</del>	OMB APP	ROVAL
S IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours ner response.	0.5							

1. Name and Address of Reporting Person*  TAYLOR CLIVE R  (Last) (First) (Middle)  C/O PEREGRINE PHARMACEUTICALS, INC.  14272 FRANKLIN AVE. SUITE 100																	of Reporting cable) or (give title	g Pers	10% Ow Other (s below)	ner
(Street) TUSTIN (City)	C.	A tate)	92780 (Zip)	ı-Deriv								Month/Da		3ene	Line	) K Form f Form f Persor	iled by One iled by Mor	Repo	(Check Apporting Person	n
1. Title of Security (Instr. 3)			2. Trans Date (Month/		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Disposed Code (Instr. 5)		d Of (D)	(Instr.	(A) or 3, 4 and	5. Amount of		Form (D) o	r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Co	ode V	_	Amount	(A (D	) or )	Price	(Instr. 3	and 4)				
Common Stock 09/23				3/200	3		ı	M		36,800 A		A	\$0.34	55	55,800		D			
Common	Stock			09/23	3/200	3				S		36,80	0	D	\$2.35	35 19,000 D				
		-	Table II - I (									sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date, 1	i. Fransaction Code (Instr.		of Deri Sec Acq (A) o Disp of (I	wative urities uired or oosed O) (Instr. and 5)	Expira	e Exercation D	ate	ble and	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity I)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable		epiration ate	Title	or No of	umber					
Non- Qualified Stock Option (right to	\$0.34	09/23/2003			M			36,800	12/22	2/2001	12	2/22/2009	Commo		6,800	\$2.35	1,722,00	00	D	

**Explanation of Responses:** 

Remarks:

Paul J. Lytle, Power of Attorney for Clive R. Taylor

09/25/2003

\*\* 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.