## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

U obligati	ions may contin tion 1(b).	d pursua	pursuant to Section 16(a) of the Securities Exchange Act of 1934									L	hours per response:		0.5				
					_	ction 30(h) o				. ,	of 1	1940							
Name and Address of Reporting Person*     Shan Joseph					2. Issuer Name <b>and</b> Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC [ PPHM ]									Check all a	pplicable ector	e)	Person(s) to Is	Owner	
(Last) (First) (Middle) 14282 FRANKLIN AVE.					3. Date of Earliest Transaction (Month/Day/Year) 10/31/2017								X Officer (give title Other (specify below)  VP, Clinical and Reg Affairs						
(Street) TUSTIN CA 92780  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	ative S	Securities	s Acc	quired,	Dis	posed o	of, o	or Ben	efici	ally Ow	ned				
Date				Transaction te Execution Date, onth/Day/Year)  2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.			ities Acquired (A) o d Of (D) (Instr. 3, 4			nd 5) Sec Ben Owr	mount of urities eficially ed Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								v	Amount		(A) or (D)	Price	Trar	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock	/2017			J <sup>(1)</sup>		2,747		A	\$3.8	3.8675 16,187		, <u> </u>	D					
		Та				curities A lls, warra								y Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Decurity or Exercise (Month/Day/Year) if any		n Date,	4. Transacti Code (Ins 8)		ative ities red sed 3, 4	6. Date E Expiratio (Month/E		7. Title and Amount of Securities Underlying Derivative Security (Instr.			8. Price o Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	rities ficially d wing rted action(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

Expiration

Date

## **Explanation of Responses:**

1. Shares acquired under the issuer's employee stock purchase plan on October 31, 2017.

/s/ Joseph S. Shan

Amount or Number

of Shares

Title

11/01/2017

\*\* 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.

Code

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.

(A) (D)