FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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* LYTLE PAUL J | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC [PPHM] | | | | | | | | | | pplic ecto | r (give title | | rson(s) to Issuer 10% Owner Other (specify below) | | |
|--|---|--|--|-------|-----------|---|--|--|--|--|---------------|---|---|------------------------------------|---|--------------------------------|---|--------------------------------------|--|---|---|--|
| (Last) (First) (Middle) C/O PEREGRINE PHARMACEUTICALS, INC. 14282 FRANKLIN AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010 | | | | | | | | | | | Chief Financial Officer | | | | | |
| (Street) TUSTIN | FUSTIN CA 92780 | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable c) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | | (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | 2A. Deemed Execution D | | | | ired, [3. Transac Code (Ir 8) | tion | 4. Secu | of, or Benefic rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefic | | unt of 6 ies F ially (I Following (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | - | Code | v | Amoun | | (A) or (D) | Price | Trai | Transaction(s) (Instr. 3 and 4) | | | | (| | | | |
| Common Stock, \$0.001 par value 12/31/ | | | | | | :010 | | | | D ⁽¹⁾ | | 9,00 | 000 1 | | \$0 | | 63,051(2) | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Code (Ins | | | rities lired r osed) 1. 3, 4 | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | le and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price Derivat Securit (Instr. 5 | ve / | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Ex Da | piration te | Title | | Amount or Number of Shares | | | | | | | |
| Incentive Stock Option (right to | (3) | | | | | | | | | (3) | | (3) | Comn | | (3) | | | 237,000 |) | D | | |

Explanation of Responses:

- 1. Disposition represents the forfeiture of 9,000 unearned restricted shares pursuant with the terms of a Stock Issuance Agreement dated February 1, 2010.
- 2. Includes restricted shares issued pursuant to a Stock Issuance Agreement dated February 1, 2010.
- 3. Not applicable.

Remarks:

/s/ Paul J. Lytle

01/04/2011

** 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.