FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-------------|-----------------|--|--|---|-----------------------|--|--|--|
| Waltz Thor | nas A | | PPHM] | X | Director | 10% Owner | | | |
| (Loct) | (First) | (Middle) | - | | Officer (give title below) | Other (specify below) | | | |
| (Last) C/O PEREGE | () | CEUTICALS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2008 | | , | | | | |
| 14282 FRAN | KLIN AVENUE | | | | | | | | |
| | | | _ 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | ~ | 00.500 | | X | Form filed by One Re | porting Person | | | |
| TUSTIN, | CA | 92780 | - | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | | | | | | | | 2,500 | I | By Waltz Family Trust |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| L | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Non- Qualified Stock Option (right to buy) | \$0.39 | 01/11/2008 | | A | | 250,000 | | (1) | 01/11/2018 | Common Stock | 250,000 | \$0 | 600,000 | D | |

Explanation of Responses:

1. Option will vest over 24 equal monthly installments.

Remarks:

<u>/s/ Paul Lytle, as Power of</u> <u>Attorney for Dr. Thomas A.</u>

Waltz

01/11/2008

Date

** Signature of Reporting Person

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.