FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* <u>Fussey Shelley PM</u>			<u> </u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC PPHM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify					
(Last) (First) (Middle) 14282 FRANKLIN AVE.					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2016							X Officer (give title Officer (specify below)  V.P., Intellectual Property					
(Street)	С	A	92780	4	. If Am	endment, I	Date o	of Original Fi	led (	Month/Day	y/Year)	Line	Y Form fil	oint/Group F ed by One F ed by More	Reporting P	erson	
(City)	(S	State)	(Zip)										Person				
1. Title of Security (Instr. 3)  2. Tr Date (Mor			ransacti e nth/Day			3. Transact Code (In 8) Code	tion str.	sed of, or Beneficia		d (A) or rr. 3, 4 and 5 Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct In D) or Indirect B D) (Instr. 4) O		Nature of direct eneficial wnership nstr. 4)		
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (	action	5. Number of 6 Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	Owne Form Direct or Ind (I) (In:	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration Pate	Title	Amount or Number of Shares		Transaction (Instr. 4)	n(s)		
Stock Option (right to buy)	\$0.5001	06/02/2016		A		150,000		09/02/2016 <sup>(1</sup>	1) 0	6/02/2026	Common Stock	150,000	\$0.0000	893,000	) I	)	

## Explanation of Responses:

1. This option vests in eight (8) equal quarterly installments over a two (2) year period beginning September 2, 2016 and each quarter thereafter until fully-vested.

/s/ Shelley P.M. Fussey

06/03/2016

\*\* 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.