FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

BENEFICIAL OWNERSHIP

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* SWARTZ ERIC S | | | | | | | r Name E <mark>GRII</mark> M] | | | | | Symbol EUTIC | (Check all ap | | icable) or | g Person(s) to Iss | | vner | | | |
|---|---|--|--|---------------------|------------|---|--------------------------------------|--|--------------------------------|----------------------------------|-----------------------------|-----------------|--|---------------|--|--------------------|--|--|---------|--|--|
| (Last) (First) (Middle) C/O PEREGRINE PHARMACEUTICALS, INC. 14282 FRANKLIN AVENUE | | | | | 01/ | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2008 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | | r (give title) | n Filin | Other (s | |
| (Street) TUSTIN (City) | | | 92780 (Zip) | | - | . , | enamen | i, Daic | , 01 | ong.na | nai Fileu (MUNIII/Day/1eai) | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curiti | es A | cqu | ıired, | Dis | posed | of, o | r Be | nefic | ially | Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, | | | 3. Transac Code (I 8) | ction | 4. Securities Acquired (A) | | | | or 5. Amo and Securit Benefic Owned | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | | Code V | | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock, \$.00 |)1 par value | | 01/14 | 01/14/2008 | | | | | | | 35,000 | | A | \$0. | .39 | 2,19 | 2,192,199 | | D ⁽¹⁾ | |
| Common Stock, \$.001 par value | | | | | | | | | | | | | | | | 538 | 8,693 | | I | By Swartz Ventures, Inc. | |
| | | Т | able II - | Derivat (e.g., p | | | | | • | , | | | , | | | • | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | vative virities vired r osed) r. 3, 4 | Exp | Date Exe piration onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | Securit | De Se (In | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | code V | | (D) | Dat Exe | te ercisable | | piration ate | Title | | Amour or Numbe of Shares | er | | | | | |
| Non- Qualified Stock Option (right to | (2) | | | | | | | | | (2) | | (2) | Com | | (2) | | | 950,000 |) | D | |

Explanation of Responses:

- 1. Includes 264,887 shares held in an Individual Retirement Account (IRA) for the benefit of Eric S. Swartz.
- 2. Not applicable.

Remarks:

/s/ Paul Lytle, Power of Attorney for Eric S. Swartz

01/15/2008

** 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.