FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  King F David							2. Issuer Name and Ticker or Trading Symbol PEREGRINE PHARMACEUTICALS INC PPHM								5. Relationship of Reporting Per (Check all applicable) Director X Officer (give title			vner specify
(Last) (First) (Middle) C/O PEREGRINE PHARMACEUTICALS, INC. 14282 FRANKLIN AVE.						3. Date of Earliest Transaction (Month/Day/Year) 08/24/2007								below) below) V.P., Business Development				
(Street) TUSTIN CA 92780 (City) (State) (Zip)				_   4. l <sup>·</sup>	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group F Line)  X Form filed by One F Form filed by More Person													
		Tab	le I - No	n-Deriv	vative	e Se	curiti	es A	cquired	, Dis	sposed	of, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date			Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefic Owned	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		ed ction(s) s and 4)	ion(s)		(Instr. 4)
Common Stock, \$0.001 par value 08/24/2							007		P		20,00	00 A	\$0.642	23 6	1,685		D	
		7	Table II -									f, or Bendal		Owned		<u>'</u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	Code		of Ex		Expiration	. Date Exercisable a xpiration Date Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	(1)								(1)		(1)	Not Applicable	(1)		200,00	00	D	

**Explanation of Responses:** 

1. Not Applicable.

Remarks:

/s/ F. David King

08/27/2007

\*\* 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.