Instruction 1(b)

## FORM 5

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

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

Washington,	$D \subset$	205/10
wasnington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APPROVAL										
	OMB Number:	3235-0362									
	Estimated average burden										
- 1	l	4.0									

Form 3 Holdings Reported.													hou	rs per	response:	1.0	
Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ties Excha								
Name and Address of Reporting Person*     CZIRR JAMES C					2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [ PRW ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director $X$ 10% Owner						
(Last) 425 JANI	(Fir	,	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004						Year)	Officer (give title Other (specify below) below)					
(Street) SANDPO	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person								
(City)	(Sta	ate) (2	Zip)														
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Dis	sposed	of, or	Benefici	ially	Owne	d			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amou Securitie Benefici		es ially	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
							Amoun	t	(A) or (D)	Price		Issuer's Fiscal		Indirect (I) (Instr. 4)		(Instr. 4)	
Common	Common Stock 12/20/2004					<b>G</b> <sup>(1)</sup>		110	0,000	D	\$0		0			D	
Common	Stock	G 12/20/2004 G <sup>(2)</sup> 10,000 D \$0						0		D							
Common	Stock		12/20/2004			G	ř	11	,000	D	\$0	50 4,548,768 D					
Common Stock 12/20/2004 G <sup>(1)</sup> 110,000 A							A	\$ <mark>0</mark>	\$0		210,000		I	By trust			
Common Stock 12/20/2004					G <sup>(2)</sup>		2)	10	,000	A	\$0		29,400			I	By children
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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amou Secur Unde Deriv	int of ities rlying ative ity (Instr. 3	Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
										Lor	1				I	1	

### **Explanation of Responses:**

- 1. The reporting person contributed 110,000 shares of Pro-Pharmaceuticals common stock to an irrevocable charitable remainder trust of which the reporting person is the trustee and the sole non-charitable beneficiary.
- 2. The reporting person disclaims beneficial ownership of all shares held by his children, and this report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

#### Remarks:

NOTE: DISREGARD ZEROES IN FIRST TWO LINES OF TABLE I, COLUMN 5. LAST THREE LINES ARE CORRECT.

<u>/s/ James Czirr</u> <u>02/10/2005</u>

Number

Expiration Date

Title

\*\* 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.