FORM 4

obligations may continue. See Instruction 1(b).

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

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* CZIRR JAMES C | | | | | | 2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | |
|--|--|--|--------|---|--|--|--------------------------------------|--|---|--|--------|------------------------|--|--|---|---|--|--|--|
| (Last) (First) (Middle) 425 JANISH DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2003 | | | | | | | | | Offic belo | er (give title w) | | Other below) | (specify |
| (Street) SANDPOINT ID 83864 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | Secur Benet Owne | icially d Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 12/12/ | | | | | 2/ <mark>200</mark> 3 | 2003 | | S | | 75,000 D | | D | \$3.7 | 9 4, | 4,779,768 | | | | |
| | 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) | if any | ecution Date, T C C C C C C C C C C C C C C C C C C | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | ership i: ct (D) direct estr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ James C. Czirr

12/15/2003

** 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.