FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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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*  ZUCCONI THEODORE DANIEL							2. Issuer Name <b>and</b> Ticker or Trading Symbol PRO PHARMACEUTICALS INC [ PRW ]									applicable) rector		Owner
	(Fir )-PHARMA S AVENUE		3. Date of Earliest Transaction (Month/Day/Year) 09/19/2008									X Officer (give title below) Other (specify below)  President						
(Street) NEWTON MA 02459  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally Ow	ned		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)					d 5) Se Be Ow	amount of curities neficially ned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	( <i>A</i>	() or ()	Price	Tra	oorted nsaction(s) str. 3 and 4)		(Instr. 4)			
Common	Stock	2008	2008		P		1,700		A	\$0.2	299	1,700	D					
Common Stock 09/19/2							2008		P		300		A	\$0	.2	300	D	
		Та									osed of, onvertib				y Own	ed		
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any			n Date, Pay/Year)	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 Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		ount mber	8. Price Derivativ Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Maureen E. Foley

09/19/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).