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

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

ANNUAL	STATEMENT	OF CHANGE	S IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average t	ourden						

_	ion 1(b). Holdings Repo	rted.		OWNERSHIP								Estimated average burden hours per response: 1.0					
_	Transactions R		File	ed pursuant to or Section					ities Excha ompany Ac								
1. Name and Address of Reporting Person* CZIRR JAMES C					2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW] 5. Relationship (Check all appli						plicable		()	S Issuer			
(Last) 425 JAN	(Fir	,	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005						Year)	Officer (give title Other (specify below) below)					
(Street) SANDPO	DINT ID		33864 Zip)	4. If Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non-Deriv	/ative Sec	uritie	s Ac	quire	ed, Di	sposed (of, or	Benefici	ally Owr	ed				
Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8)					or Disposed	5. Amount of Securities Beneficially		For	nership m: Direct	7. Nature of Indirect Beneficial					
					Amount (A) or (D) Price		Price	Issuer	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		or irect (I) str. 4)	Ownership (Instr. 4)					
Common	on Stock 08/24/2005 G 3,500		500	D	\$0	0			D								
Common	Stock		08/24/2005	05 G ⁽¹⁾ 7,000 D \$0			0		D								
Common	Stock		12/27/2005	05 G ⁽²⁾ 180,000 D		\$0	\$0 0			D							
Common	Stock		12/27/2005	005 G 6,000 D \$0 4,35				52,268		D							
Common	Stock		12/27/2005	05 G ⁽¹⁾ 7,000 A		\$0	36,400			I	By children						
Common	Stock		12/27/2005			G ⁽²⁾		180	0,000	A	\$0	39	90,000		I	By trust	
		Та	ble II - Derivat (e.g., p	tive Securi uts, calls,								y Owne	t				
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)	n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	ities icially d ving ted action(s)	10. Ownersh Form: Direct (Di or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)	

Explanation of Responses:

- 1. 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.
- 2. The reporting person contributed 180,000 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.

Remarks:

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

/s/ James Czirr

02/06/2006

** 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.