FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Wasiiiigtoii, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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* FOLEY MAUREEN (Last) (First) (Middle) C/O PRO-PHARMACEUTICALS, INC.						2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW] 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2008						5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director Difficer (give title below) Chief Operating Officer				
7 WELL (Street) NEWTO (City)	N M		02459 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)			Derivati Transaction ate onth/Day/	Execution Date,		3. Transacti Code (Ins	4. Secu Dispose	ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership Instr. 4)		
	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 Date (Month/Day/Year Price of Derivative Security		on Date se (Month/Day/Year) Execution Date if any (Month/Day/Yea		4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficiall Owned Following Reported	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)			
Employee Stock Option (right to buy)	\$0.44	04/10/2008		A		50,000		04/10/2008	04/10/2013	Common Stock	50,000	\$0	50,000	0	D	
Employee Stock Option (right to buy)	\$0.44	04/10/2008		A		100,000		(1)	04/10/2013	Common Stock	100,000	\$0	100,00	0	D	

Explanation of Responses:

 $1.\ The\ options\ vest\ in\ four\ (4)\ equal\ annual\ installments\ as\ follows:\ 04/10/08,\ 06/30/08,\ 09/30/08,\ 12/31/08$

/s/ Maureen Foley

04/10/2008

** 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.