FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OVAL							
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 an	2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 09/19/2008										X	Office below	er (give title		Owner r (specify v)						
7 WELLS AVENUE, SUITE 34							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEWTON MA 02459														X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																		
		Tabl	e I - Non	-Deriva	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, oı	r Bene	eficia	lly C	wne	d				
Date					e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					4 and Se Be Ov		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							v	Amount		(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common	/2008				P		2,000)	A	\$0.22		2,000		D							
		Та	able II - D								sed of, onvertib				Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transaction					6. Date I Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)					9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

/s/ Maureen Foley, Attorneyin-fact for James T. Gourzis

09/19/2008

** 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.