FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
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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

Name and Address of Reporting Person* ZUCCONI THEODORE DANIEL						2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ZUCCC		PWRP.OB]										X Director			1	L0% O	wner				
(Last) (First) (Middle)						I WICE.OD]									X	Office	er (give title v)		Other (pelow)	(specify	
C/O PRO-PHARMACEUTICALS, INC						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2009									CEO and President						
7 WELLS AVENUE, SUITE 34																					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
NEWTO:	N M.	Α (2459												X		n filed by One				
(Oit)															Form filed by More than One Reporting Person						
(City)	(St	ate) (.	Zip)																		
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			4 and Secui Bene		cially I Following	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect irect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount		(A) or (D)	Price	e	Transa	ransaction(s) nstr. 3 and 4)			(11341. 4)				
Common	02/13	02/13/2009						500,000)(1)	(1) A		\$0 500,00		00,000	D						
	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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Date,	Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price o Derivative Security (Instr. 5)		9. Number of 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								

Explanation of Responses:

1. Restricted stock grant, which is subject to forfeiture if Dr. Zucconi no longer serves as a director of the Company as follows: (i) 100%, if he is no longer serving as a director before February 13, 2010; (ii) 50%, if he is serving as a director on or after February 13, 2010 but no longer serving before May 13, 2010; (iii) 37.5%, if he is serving as a director on or after May 13, 2010 but no longer serving before August 13, 2010; (iv) 25%, if he is serving as a director on or after November 13, 2010 but no longer serving before February 13, 2011.

Remarks:

Exhibit 24 - Power of Attorney, dated September 21, 2007, by Theodore Zucconi (incorporated by reference to Exhibit 24 to Form 3 filed by Theodore Zucconi on September 27, 2007, with respect to the Company).

/s/ Maureen E. Foley, Attorney-in-Fact 02/18/2009

** 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.