FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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ı	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 ar		2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRWP.OB								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
ZUCCONI THEODORE DANIEL							TROTTIMINIAGEOTICALS INC PRWP.OB								Director			10% Ov	vner	
(Last) (First) (Middle)					- [_	1									Officer (below)	give title		Other (s below)	specify	
C/O PRO-PHARMACEUTICALS, INC							3. Date of Earliest Transaction (Month/Day/Year)													
7 WELLS AVENUE, SUITE 34							03/24/2011													
/ WELL	J AVENUE	., 5011E 54			_ 4.	If Ame	endme	ent, Date c	f Original	Filed	(Month/Da	ıy/Year)		6. Ind	ividual or Jo	oint/Group	Filing	(Check App	licable	
(Street)						,,									Line) X Form filed by One Reporting Person					
NEWTO	N M	MA		02459												n filed by One Reporting Person				
					-										Form filed by More than One Reporting Person				ting	
(City)	(S	(State) (Zip)																		
		Та	ble I - Nor	n-Deriv	vativ	ve Se	curi	ties Ac	quired,	Dis	posed c	of, or Be	enefi	cially	Owned					
Date					e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr.			ities Acqui d Of (D) (In	red (A) str. 3, 4	or 5. Amour Securitie Beneficia Owned F		s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or P	rice	Transacti	nsaction(s) tr. 3 and 4)			(111501.4)	
Common Stock 03/24							1/2011		М		370,000 A		\$0.23	466,343(1)(2)			D			
			Table II -						,		osed of	,		•	wned				'	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, 4	ransaction		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title ar of Securi Underlyir Derivativ (Instr. 3 a	nd Amo ties ng e Secu	ount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Si			(Instr. 4)	(0)			
Employee Stock Option (Right to Buy)	\$0.23	03/24/2011			М			370,000	(3)	(03/24/2014	Common Stock	370	,000	\$0	130,00	00	D		

Explanation of Responses:

- 1. Includes 58,245 shares held in retirement accounts for the reporting person.
- 2. Includes 3,998 shares held in retirement accounts for the wife of the reporting person, who disclaims beneficial ownership of such shares to the extent of any pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such share for the purpose of Section 16 or otherwise.
- 3. The option, representing a right to purchase 500,000 shares, became exercisable in installments and is fully exercisable as of March 24, 2011.

/s/ Maureen E. Foley, Attorney-

in-Fact for Theodore D. 03/28/2011

Zucconi

** 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.