FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | hurden | | | | | | | | |

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol PRO PHARMACEUTICALS INC [PRW] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|------------|----------|---|---|---------|--|---------------------|---|-------------------|-----------------------|--|--|--|--|----------------------|--|--|
| ZUCCONI THEODORE DANIEL | | | | | TROTTE INCESTICALS INC [PRW] | | | | | | | | X Director | Director | | 10% Owi | ner | |
| (Last) | (= | iret) | (Middle) | 2 | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X Officer below) | (give title | | Other (sp | ecify | |
| (Last) (First) (Middle) C/O PRO-PHARMACEUTICALS, INC | | | | | 04/10/2008 | | | | | | | | President | | | | | |
| 7 WELLS AVENUE, SUITE 34 | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | ine) X Form filed by One Reporting Person | | | | | | |
| NEWTON MA 02459 | | | | | | | | | | | | Form filed by More than One Reporting | | | | na | | |
| (City) | (9) | tate) | (Zip) | _ | Person Person | | | | | | | | | | | | | |
| (City) | (3 | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | Execution 2A. Deer Execution Execution (Month/I | | Date, | Transaction Disposed Code (Instr. | | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | Beneficia Owned Fe | s Illy ollowing | 6. Owner Form: Dir (D) or Ind (I) (Instr. | rect Ir direct B 4) C | 7. Nature of ndirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reported Transacti (Instr. 3 a | on(s) | | " | nstr. 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 or Exercise Price of Derivative Security | | | | | ransaction ode (Instr.) Derivat Securit Acquire or Disp | | urities (Month/Day/ uired (A) visposed D) (Instr. | | Date | ite of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | ly Ov Fo Dii or (I) | Ownership of Form: B | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | ount (Instr. 4) | |)II(5) | | | |
| Employee Stock Option (right to buy) | \$0.44 | 04/10/2008 | | A | | 150,000 | | (1) | 04 | 4/10/2013 | Common Stock | 150,000 | \$0 | 150,000 | 0 | D | | |

Explanation of Responses:

1. The options vest in four (4) equal 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.