

Zomer Eliezer  
Form 3  
May 05, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

^ Zomer Eliezer  
(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
05/01/2005

3. Issuer Name and Ticker or Trading Symbol

PRO PHARMACEUTICALS INC [PRW]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_X\_ Officer \_\_\_ Other  
(give title below) (specify below)  
Ex. VP, Mfg. & Product Dev.

C/O  
PRO-PHARMACEUTICALS,  
INC.,^ 189 WELLS AVENUE

(Street)

NEWTON,^ MA^ 02459

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_X\_ Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:  
Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Date Exercisable Expiration Date

Title Amount or Number of

Edgar Filing: Zomer Eliezer - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Stock Options	11/14/2002	11/14/2012	Common Stock	120,000 <u>(1)</u>	\$ 3.5	D	Â
Stock Options	09/02/2003	09/02/2013	Common Stock	425,000 <u>(1)</u>	\$ 4.05	D	Â
Stock Options	12/21/2005 <sup>(2)</sup>	12/21/2014	Common Stock	75,000 <sup>(2)</sup>	\$ 1.9	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Zomer Eliezer C/O PRO-PHARMACEUTICALS, INC. 189 WELLS AVENUE NEWTON, MA 02459	Â	Â	Â Ex. VP, Mfg. & Product Dev.	Â

## Signatures

/s/ Eliezer  
Zomer

05/03/2005

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) All presently exercisable.
- (2) Exercise rights vest at the rate of 25,000 options on each of December 21, 2005, 2006 and 2007.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.