Edgar Filing: PROGENICS PHARMACEUTICALS INC - Form 4

PROGENICS PHARMACEUTICALS INC

Form 4 May 16, 2007

FORM 4

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

OMB Number: 3235-0287

Estimated average

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address MADDON PAU	•	g Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol PROGENICS PHARMACEUTICALS INC [PGNX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner		
(Last) 777 OLD SAW ROAD	,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2007	X Officer (give title Other (specification) below) Chief Executive Officer/CSO		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
TARRYTOWN, NY 10591				Person		
(City)	(State)	(Zin)				

	(City)	(State)	Zip) Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned
	.Title of	2. Transaction Date		3.	4. Securit		•	5. Amount of	6. Ownership	
S	ecurity	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Dis	sposed	of (D)	Securities	Form: Direct	Indirect
(.	Instr. 3)		any	Code	(Instr. 3, 4	and 5	5)	Beneficially	(D) or	Beneficial
			(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						(4)		Reported		
						(A)		Transaction(s)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
	Common Stock	05/15/2007		M	12,000	A	\$ 5.33	669,290	D	
	Common Stock	05/15/2007		S	12,000 (1)	D	\$ 21.9	657,290	D	

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

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.

SEC 1474

(9-02)

Edgar Filing: PROGENICS PHARMACEUTICALS INC - Form 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 5.33	05/15/2007		M	12,000	12/15/1997	12/16/2007	Common Stock	12

Reporting Owners

Reporting Owner Name / Address	Relationships						
coporting of the state of state of	Director	10% Owner	Officer	Other			
MADDON PAUL J 777 OLD SAW MILL RIVER ROAD		X	Chief Executive Officer/CSO				
TARRYTOWN, NY 10591							

Signatures

Paul J. Maddon

05/16/2007

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).
- (1) Sale under a 10b5-1 Plan, which was established in accordance with the policies and procedures of the Issuer.
- The Reporting Person is exercising options under this grant in pre-established increments under and in accordance with provisions of a previously established Plan of Sale under Rule 10b5-1, which was established in accordance with the policies and procedures of the Issuer

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.

Reporting Owners 2