## Edgar Filing: PROGENICS PHARMACEUTICALS INC - Form 4

PROGENIC Form 4 June 24, 200	S PHARMACE	UTICALS	INC									
FORM	А								OMB AF	PROVAL		
-	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check th if no long	oer.			-					Expires:	January 31, 2005		
subject to Section 1	5 <b>STATE</b> 16.								Estimated a burden hour	verage rs per		
Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	Filed pu <sup>ns</sup> Section 17								response	0.5		
(Print or Type ]	Responses)											
ISRAEL ROBERT J Symbol PROG								5. Relationship of Reporting Person(s) to Issuer				
				ARMACEUTICALS INC				(Check all applicable) Director 10% Owner				
(Last)	(First)	(First) (Middle) 3. Date of			ate of Earliest Transaction nth/Day/Year)			Diffection 10% Owner X Officer (give title Other (specif below) Sr. VP, Medical Affairs				
				008								
	(Street)	. ,			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TARRYTO	WN, NY 10591							Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	06/23/2008			D	3,500 (1)	D	\$ 17.015	32,791	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.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
		Director	10% Owner	Officer	Other				
ISRAEL ROBERT J 777 OLD SAW MILL RIVE TARRYTOWN, NY 10591			Sr. VP, Medical Affairs						
Signatures									
Robert J. Israel	06/24/2008								

#### \*\*Signature of Reporting Person

Date

# **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.

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.