## Edgar Filing: ISRAEL ROBERT J - Form 4

ISRAEL RO	BERT J										
Form 4 April 03, 201	2										
FORM									OMB AF	PPROVAL	
	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pu Section 17	STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> ISRAEL ROBERT J			2. Issuer Name and Ticker or Trading Symbol PROGENICS PHARMACEUTICALS INC [PGNX]				ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD			3. Date of Earliest Transaction (Month/Day/Year) 04/02/2012					X_Officer (give title Other (specify below) below) Senior VP Medical Affairs			
TARRYTO	(Street) WN, NY 10591		4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	<b>Derivative</b>	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	<ul> <li>Execution any</li> </ul>		3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	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)		
Common Stock	04/02/2012			М	1,000 (1)	A		39,383	D		
Common Stock	04/02/2012			S	1,000 (1)	D	\$ 9.852 (2)	38,383	D		

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

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#### 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 5.33	04/02/2012		М	1,000 (1)	07/01/2010	07/01/2019	Common Stock	1,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ISRAEL ROBERT J			Senior VP	•		
777 OLD SAW MILL RIVER ROAD			Medical			
TARRYTOWN, NY 10591			Affairs			
Cianaturaa						

## Signatures

By: Robert A. McKinney For: Robert J. Israel

\*\*Signature of Reporting Person

04/03/2012 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).

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

This transaction was executed in multiple trades at various price ranges. The price reported above reflects the weighted average sale price.(2) The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.