Edgar Filing: CYTOGEN CORP - Form 4

CYTOGEN	CORP											
Form 4												
September 2	7, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi	er								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated	2005 average			
	Section 16. SECURITIES							burden hou				
	Form 4 or							response	0.5			
Form 5 obligation	• •						-	ge Act of 1934,				
may cont								f 1935 or Sectio	n			
See Instru	iction	30(h)) of the Inv	vestment (Company	y Act	of 19	40				
1(b).												
(Print or Type F	Responses)											
(Thin of Type I	(esponses)											
1. Name and Address of Reporting Person [*] 2. Is				Issuer Name and Ticker or Trading				5. Relationship of	son(s) to			
MOLLICA JOSEPH A			Symbol				0	Issuer				
	CYTOG	CYTOGEN CORP [CYTO]				(Chook all and inchies)						
(Last)	(First) (N	Middle)	ddle) 3. Date of Earliest Transaction					(Check all applicable)				
(East) (First) (Firster)			(Month/Day/Year)					_X_ Director 10% Owner				
650 COLLE	GE ROAD			09/23/2005				Officer (give title Other (specify				
EAST, SUITE 3100			below)					below)	below)			
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year)				Applicable Line)				
X Form filed by						One Reporting Person						
PRINCETON, NJ 08540 Form filed by More than One Reporting Person								eporting				
(City)	(State)	(Zip)	T -11		• • • •			·	6 D			
							ties Ac	quired, Disposed o		-		
	1.Title of Security2. Transaction Date (Month/Day/Year)2A. D Execu Execu any			3. Transactio	4. Securities			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect Beneficial		
(Instr. 3)			on Date, n	TransactionAcquired (A) or Code Disposed of (D)					(D) or			
(/Day/Year)					Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D '	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock,												
\$0.01 par	09/23/2005			А	477 <u>(1)</u>	А	\$0	2,000	D			
value per	07/25/2005			11	+// <u>· · ·</u>	11	ψυ	2,000	D			
share												

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.

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MOLLICA JOSEPH A 650 COLLEGE ROAD EAST SUITE 3100 PRINCETON, NJ 08540	Х							
Signatures								
William J. Thomas, as Power o Attorney	f	09/27/2005						
**Signature of Reporting Person		Da	te					
Explanation of Responses:								

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).
- Such shares of common stock were issued to Mr. Mollica as compensation for services rendered as a director of the Company, pursuant to (1) the terms of the Company's 2004 Non-Employee Director Stock Incentive Plan.

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.