

SAMARITAN PHARMACEUTICALS INC

Form 5

January 29, 2008

# FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362

Expires: January 31, 2005

Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
 Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL 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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person \*  
**GREESON JANET**

2. Issuer Name and Ticker or Trading Symbol  
**SAMARITAN PHARMACEUTICALS INC [SPHC]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 Chief Executive Officer

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 12/31/2007

101 CONVENTION CENTER DRIVE, SUITE 310

(Street)

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

6. Individual or Joint/Group Reporting

(check applicable line)

LAS VEGAS, NV 89109

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) Amount	or (D)	Price			
Common Stock	Â	Â	Â	Â	Â	Â	33,334	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	2,974,446	I	Samaritan Pharmaceuticals Company Deferred

										Compensation Plan
Common Stock	Â	Â	Â	Â	Â	Â	333,334	I		NextGen LifeSciences, Inc.
Common Stock	Â	Â	Â	Â	Â	Â	707,940	I		By GRAT

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 2270  
(9-02)

**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 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 Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 3.48	Â	Â	Â	Â	Â	01/02/2004	01/02/2014	Common Stock	241,035
Stock Options (right to buy)	\$ 2.04	Â	Â	Â	Â	Â	01/02/2004	01/02/2014	Common Stock	467,892
Stock Options (right to buy)	\$ 3.48	Â	Â	Â	Â	Â	12/31/2001	12/31/2011	Common Stock	255,369
Stock Options (right to buy)	\$ 3.48	Â	Â	Â	Â	Â	01/15/2003	01/15/2013	Common Stock	430,373
Stock Options (right to buy)	\$ 3.48	Â	Â	Â	Â	Â	04/25/2002	04/25/2012	Common Stock	296,614

Stock Options (right to buy)	\$ 3.48	^	^	^	^	^	01/02/2002	01/02/2012	Common Stock	255,369
Stock Options (right to buy)	\$ 0.49	^	^	^	^	^	12/14/2007	12/14/2017	Common Stock	250,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GREESON JANET 101 CONVENTION CENTER DRIVE SUITE 310 LAS VEGAS, NV 89109	^ X	^	^ Chief Executive Officer	^

## Signatures

/s/Eugene Boyle, Power of Attorney for Janet Greeson. 01/29/2008

\*\*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).
- Note: File three copies of this Form, one of which must be manually signed. If space provided 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.