

ZUCCONI THEODORE DANIEL  
 Form 3/A  
 December 21, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â ZUCCONI THEODORE DANIEL			(Month/Day/Year)	PRO PHARMACEUTICALS INC [PRW]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
				(Check all applicable)	11/09/2007
C/O PRO-PHARMACEUTICALS, INC,Â 7 WELLS AVENUE, SUITE 34				<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
		(Street)		<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	
				(give title below) (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line)
				President	<input checked="" type="checkbox"/> Form filed by One Reporting Person
					<input type="checkbox"/> Form filed by More than One Reporting Person
		NEWTON,Â MAÂ 02459			
(City)	(State)	(Zip)			

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	96,343 <u>(1)</u> <u>(2)</u> <u>(3)</u>	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
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(Month/Day/Year)		Derivative Security (Instr. 4)	or Exercise	Form of	(Instr. 5)
Date	Expiration	Title	Price of	Derivative	
Exercisable	Date		Derivative	Security:	
		Amount or	Security	Direct (D)	
		Number of		or Indirect	
		Shares		(I)	
				(Instr. 5)	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ZUCCONI THEODORE DANIEL C/O PRO-PHARMACEUTICALS, INC 7 WELLS AVENUE, SUITE 34 NEWTON, MA 02459	X		President	

## Signatures

/s/ Maureen Foley-  
Attorney-in-fact

12/21/2007

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) These shares were omitted from the reporting person's original Form 3.
- (2) Includes 58,245 shares held in retirement accounts of the reporting person.  
Includes 3,998 shares held in retirement accounts of the wife of the reporting person, and the reporting person disclaims beneficial
- (3) ownership of such shares to the extent of any pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such shares for the purpose of Section 16 or otherwise.

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.