

PHARMACIA CORP /DE/
Form 4
September 20, 2002

Form 4

Page 1 of 2

FORM 4

OMB APPROVAL

OMB Number: 3235-028

Expires: January 31,

Estimated average bu
hours per response..

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

(Print or Type Responses)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of t
Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of

| | | | | |
|--|---------|----------|--|--|
| ----- | | | ----- | |
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker | |
| Lund | Olof | | Pharmacia Corporation | |
| (Last) | (First) | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | |
| 100 Route 206 North | | | ----- | |
| (Street) | | | ----- | |

Peapack

NJ

07977

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

 (City) (State) (Zip)

6. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

Director 10% Owner

 Officer (give title below) Other (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person

 Form filed by More than One Reporting Person

 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) Code V | 4. Security or Disposition (Instr. 4) Amount |
|------------------------------------|---|---|--|--|
|------------------------------------|---|---|--|--|

| | | | | |
|--------|------------|--|---|-------|
| Common | 09/18/2002 | | A | 3,800 |
|--------|------------|--|---|-------|

| 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) |
|--|---|--|
|--|---|--|

| | | |
|-------|---|--|
| 8,727 | D | |
|-------|---|--|

Form 4

Page 2 of 2

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 |
|--|--|--------------------------------------|--|--------------------------------|---|
|--|--|--------------------------------------|--|--------------------------------|---|

 Code V

| 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially |
|--|---|--|---|
|--|---|--|---|

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

Owned Following
Reported
Transaction(s)
(Instr. 4)

| Date Exercis- able | Expi- ration Date | Title | Amount or Number of Shares |
|--------------------------|-------------------------|-------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|---|
| <p>10. Ownership Form of Derivative Securities Beneficially Owned at End of Month (Instr. 4)</p> | <p>11. Nature of Indirect Beneficial Ownership (Instr. 4)</p> |
|--|---|

Explanation of Responses:

/s/ Don W. Schmitz

9/18/2002

**Signature of Reporting Person
Don W. Schmitz, attorney-in-fact for
Olof Lund

Date

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

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

*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 is insufficient, see Instruction 6 for procedure.