

PHARMACIA CORP /DE/  
Form 4  
April 16, 2003

Form 4

Page 1 of 2

-----  
FORM 4  
-----

-----  
OMB APPROVAL  
-----  
OMB Number: 3235-028  
-----  
Expires: January 31,  
-----  
Estimated average bu  
hours per response..  
-----

[X] 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	
Lindqvist,	Berthold		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	04/16/2003		J(1)	8,281

-----  
 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)

-----

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

0

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
Option (right to buy)	\$43.96	04/16/2003		J(1)	
Option (right to buy)	\$50.03	04/16/2003		J(1)	
6. Date Exercisable	7. Title and Amount of	8. Price of	9. Number of		

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

and Expiration Date (Month/Day/Year)	Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)
---	---	--------------------------------------	---

Date Exercis- able	Expi- ration Date	Title	Amount or Number of Shares	
(2)	05/03/2009	Common	3,768	0
(2)	06/23/2010	Common	6,966	0

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

D	
D	

Edgar Filing: PHARMACIA CORP /DE/ - Form 4

-----  
-----  
-----  
  
Explanation of Responses:

- (1) Each share of Pharmacia Common Stock (PHA) held by the reporting person was exchanged for 1.4 shares of Pfizer Common Stock (PFE), pursuant to the Pfizer/Pharmacia merger agreement adopted by the Pfizer and Pharmacia shareholders on December 6 & 9, 2002, respectively.
- (2) Option is currently exercisable.

/s/ Don W. Schmitz  
-----

April 16, 2003  
-----

\*\*Signature of Reporting Person

Date

Don W. Schmitz, attorney-in-fact  
for Berthold Lindqvist

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.