### Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

### SPECTRUM PHARMACEUTICALS INC

Form 4 May 19, 2005

## FORM 4

### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Pers SHROTRIYA RAJESH C MD	Symbol SPECTI	2. Issuer Name and Ticker or Trading Symbol SPECTRUM PHARMACEUTICALS INC [SPPI]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Midd	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2005					_X Director 10% Owner Officer (give title Other (specify below)		
(Street) IRVINE, CA 92618		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
(City) (State) (Zip	Table	e I - Non-D	erivative :	Secur	ities Acc	Person quired, Disposed o	of, or Beneficial	lly Owned	
(Instr. 3)	A. Deemed xecution Date, if	3. Transactic Code (Instr. 8)	4. Securi	ities A ispose 4 and (A) or	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	· ·	
Common Stock 05/19/2005		P	500	A	\$ 4.74	30,076	D		
Common 05/19/2005 Stock		P	1,000	A	\$ 4.69	31,076	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	Ť				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						<b>.</b>	<b>.</b>		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Troporting of their Finance of Transcention	Director	10% Owner	Officer	Other				
SHROTRIYA RAJESH C MD	37		CI : CEO O D : 1					
157 TECHNOLOGY DRIVE	X		Chairman CFO & President					

### **Signatures**

**IRVINE**, CA 92618

/s/ Shyam
Kumaria

\*\*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).

### **Remarks:**

Shyam Kumaria on Behalf of Rajesh C. Shrotriya, M.D., by Power of Attorney

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.

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