### ASTROM HAKAN Form 4 April 14, 2003

#### FORM 4

[\_\_] 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 the Public Utility

Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005
Estimated average burden hours per response. . . .

0.5 1. Name and Address of Reporting Person\* Astrom, Hakan (Last) (First) (Middle) 100 Route 206 North (Street) Peapack, NJ 07977

> (City) (State)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

#### Pharmacia - PHA

3. I.R.S.
Identification
Number of
Reporting
Person, if an
entity
(voluntary)

4. Statement for

(Month/Day/Year)

#### 01/02/2002

5. If Amendment,

Date of Original

(Month/Day/Year)

6. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

	Director
	10% Owner
	X Officer (give title below)
	Other (specify below)
	Senior Vice President
	<u> </u>
7.	Individual or Joint/Group
Filing	(Check Applicable Line)
	X 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)
     4.
Securities Acquired
      (A) or
           Disposed of (D)
          (Instr. 3, 4, and 5)
      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)
Code
Amount
(A) or (D)
Price
```

```
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. Conver-
            sion or
           Exercise
           Price of
           Deri-
            vative
           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
  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)
8. Price of
  Derivative
  Security
  (Instr. 5)
9. Number of
  Derivative
  Securities
  Beneficially
  Owned
  Following
  Reported
  Transaction(s)
  (Instr. 4)
10. Ownership
  Form of Derivative
  Securities:
  Direct (D)
  Indirect (I)
  (Instr. 4)
11. Nature of
   Indirect
   Beneficial
   Ownership
   (Instr. 4)
Code V (A) (D) Date
```

(A)

or

Exercisable Expiration Date Title Amount or

Number of Shares Phantom Stock Units1 for 101/02/2002 A5 15,170 //(1)//(2)Common15,170 16,269 (3)D

Explanation of Responses: (1) At the end of each calendar year 2002, 2003 and 2004, 1/3 of the units will be eligible for allocation based on Company performance for that year.

(2) Distribution under the plan commences the calendar year f deferred compensation plan.	following retirement, termination, death or disability, based on the provisions of the Savings+Plus
(3) Includes dividends accrued in the form of phantom stock u	units.
/s/ Don W. Schmitz for Hakan Astrom	04/10/2003 ** Signature of Reporting Person Date
· · · · · · · · · · · · · · · · · · ·	04/10/2003 ** Signature of Reporting Person Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).