

PHARMACIA CORP /DE/  
Form 4  
September 20, 2002

Form 4

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FORM 4  
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OMB APPROVAL  
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OMB Number: 3235-028  
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Expires: January 31,  
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hours per response..  
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[ ] 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

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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker	
McMillan	Charles	S.	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

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(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
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Common(1)	09/18/2002		A	4,02
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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)
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