

SAMUELSSON BENGT  
Form 4  
September 20, 2002

Form 4

Page 1 of 2

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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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Estimated average bu  
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

-----			2. Issuer Name and Ticker
1. Name and Address of Reporting Person*			Pharmacia Corporation P
Samuelsson,	Bengt		
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)
100 Route 206 North			
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(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  
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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	9/18/2002		A	3,800
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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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8,800	D	
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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

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(Instr. 5)

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

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

10. Ownership Form of Derivative Securities Beneficially Owned at End of Month (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

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Explanation of Responses:

/s/ Don W. Schmitz

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

9/18/02

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Date

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Bengt Samuelsson

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.