## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C	20549
-----------------	-------

STATEMENT OF CH	IANGES IN	BENEFICIAL	OWNERSHIP

	OMB APP	ROVAL
	OMB Number:	3235-0287
	Estimated average b	ourden
1	haura nar raananaa	٥٦

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  ZUCKERMAN JOSEPH					2. Issuer Name <b>and</b> Ticker or Trading Symbol PHASE III MEDICAL INC/DE [ PHSM ]								(Check all ap		ector 1		(s) to Is 10% O			
(Last) (First) (Middle) C/O PHASE III MEDICAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/27/2004										Office	er (give title v)		Other ( below)	
330 SOUTH SERVICE ROAD, SUITE 120					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street) MELVILLE NY 11747														ne) X	,					
(City)	(St	ate) (.	Zip)																	
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, o	r Bene	eficia	ally C	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		ship rect direct 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Price	.  -	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/27/	/2004 P 10,000 A		\$ <del>0</del> .	15	260,000		D									
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year)				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	Deriv Secui	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	t (D)	Beneficial Ownership (Instr. 4)			
								Date Exercisa		Expiration		Nun of e Sha	nber							

**Explanation of Responses:** 

/s/ Joseph Zuckerman

06/01/2004

\*\* Signature of Reporting Person

Date

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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.