FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

287

0.5

OMB APP	ROVAL
OMB Number	3235-02

Estimated average burden

hours per response:

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

Instruc	tion 1(b).			Filed		nt to Sectio ction 30(h)							4		nours	per resp		0.5
Name and Address of Reporting Person*     ZUCKERMAN JOSEPH					2. Issuer Name <b>and</b> Ticker or Trading Symbol PHASE III MEDICAL INC/DE [ PHSM ]								ationship of k all applical Director		Persor	er wner		
	ASE III ME	First) EDICAL, INC. ICE ROAD, SUI	(Middle) TE 120		3. Date of Earliest Transaction (Month/Day/Year) 07/20/2005								Officer (g below)	give title		Other (s below)	specify	
(Street) MELVII	LE N	NY	11747	 	4. If Amendment, Date of Original Filed (Month/Day/Year) 6.							- 1	6. Individual or Joint/Group Filing (Check Applica  X Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(:	State)	(Zip)															
		1	able I - Non-	-Deriva	tive S	Securitie	s Ac	quired,	Disp	osed o	of, or I	Bene	ficially	Owned				
Date			2. Transac Date (Month/Da	Execution Date,		Transaction Dispo			curities Acquired (A) or sed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(1	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - D			curities Ills, warr								wned				
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	Code		5. Number Derivative Securities Acquired ( or Dispose (D) (Instr. 3 and 5)	A)	6. Date Exe Expiration (Month/Day	Date			ties Un tive Se 3 and 4	ı)	lying Derivative Security (Instr. 5)		es Form: Direct (Cor Indirect) (I) (Instr.et)	Ownership	Beneficial Ownership ct (Instr. 4)
	I	I		1	1	I			- 1		I	AI	mount or	I	(Instr. 4)			1

## **Explanation of Responses:**

\$0.06

Stock

(right to

buy)

1. 1,000,000 options shall vest immediately upon the date of grant, and the remainder of the options shall vest in two equal annual installments beginning one year from the date of grant.

1,500,000

(A)

2. If the filing person pays the exercise price with shares of common stock, the plan committee appointed by the Board of Directors may, in its discretion, grant the filing person an option with a reload feature. A reload stock option, which will be granted at the same time that payment is received on the option exercise, will grant the filing person the option to purchase (i) the number of shares of common stock equal to the sum of the number of shares used to exercise the option (or the number of shares not received if the filing person paid the option price by receiving a reduced number of shares on exercise), or (ii) in the case of non-qualified stock options, the number of shares of common stock used to satisfy any tax withholding requirement related to the exercise of such option. The term of a reload option will be equal to the remaining term of the option which gave rise to the reload option.

Date Exercisable

(1)

(D)

Expiration

07/20/2015

Title

Stock

07/20/2005 /s/ Joseph Zuckerman

\*\* Signature of Reporting Person Date

Number of

1,500,000

\$<mark>0</mark>

1,500,000(2)

D

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).

07/20/2005

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

Code

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.