FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* VACZY CATHERINE M						2. Issuer Name and Ticker or Trading Symbol PHASE III MEDICAL INC/DE [PHSM]									Check	all app	olicable)		Issuer Owner er (specify
(Last) (First) (Middle) C/O PHASE III MEDICAL, INC. 330 SOUTH SERVICE ROAD, SUITE 120						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2005									X	belov	N) .	belo Gen. Couns	<i>'</i>
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) MELVILLE NY 11747															X Form filed by One Reporting Person				
															Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. 4. Securities Acquire Disposed Of (D) (Instance)							Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock 07/18/2						2005					1,250,000		A	\$ <mark>0</mark> .	.06	2,9	16,666(1)	D	
	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. Deem Execution if any (Month/D	n Date,		ransaction Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	t		ve derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	of						

Explanation of Responses:

1. Pursuant to a stock purchase agreement (the "Purchase Agreement"), dated as of April 20, 2005, between Phase III Medical, Inc. (the "Company") and Catherine Vaczy, the Company's Executive Vice 11. Pustaint to a stock purchase agreement (the Purchase Agreement), dated as of April 20, 2005, between Phase III Medical, Inc. (the Company) and Cambeille Vac2y, the Company S Executive Vice President and General Counsel, from April 20, 2005, Ms. Vaczy had the right to purchase from the Company certain shares of common stock, par value \$0.001 per share, of the Company (the "Common Stock") at a per share price equal to 85% of the average closing price of one share of Common Stock on the National Association of Securities Dealers, Inc. Over-the-Counter Bulletin Board for the five (5) consecutive trading days immediately preceding the date of Ms. Vaczy's notice exercising such option provided, that in no event shall the price be less than \$.06. Pursuant to the exercise of this option, on July 18, 2005 Ms. Vaczy purchased 1,250,000 shares of Common Stock at a per share purchase price of \$.06 per share.

> /s/ Catherine M. Vaczy 07/20/2005

** 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.