PHARMACIA CORP /DE/
Form 4
April 16, 2003



FORM 4

| OMB APPROVAL |
|---|
| OMB Number: 3235-028 |
| Expires: January 31, |
| Estimated average bu hours per response.. |

[X] 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

1. Name and Address of Reporting Person*

| Eickhoff | Kathryn | M. |
|---|---|---|
| (Last) | (First) | (Middle) |

100 Route 206 North
(Street)

| Peapack | NJ | 07977 |
|---|---|---|
| (City) | (State) | (Zip) |

2. Issuer Name and Ticker

Pharmacia Corporation PHA

3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)

6. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

| | | | |
|---|---|---|---|
| X | Director | | 10% Owner |
| | Officer (give title below) | | Other (specify below) |

7. Individual or Joint/Group Filing (Check Applicable Line)

| | |
|---|---|
| X | 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) | | 4. Securit or Disp (Instr. |
|---|---|---|---|---|---|
| | | | Code | V | Amount |
| Common | 04/16/2003 | | J(1) | | 13,291(2 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 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) |
|---|---|---|
| 0 | D | |

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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) Code | V | 5 |
|---|---|---|---|---|---|---|
| Option (right to buy) | $43.96 | 04/16/2003 | | J(1) | | |
| Right to Receive (4) | $0.00(5) | 04/16/2003 | | J(1) | | |

| 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following |
|---|---|---|---|

| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Reported Transaction(s) (Instr. 4) |
|---|---|---|---|---|
| (3) | 05/03/2009 | Common | 3,768 | 0 |
| (4) | | Common | 3,832 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 10. Ownership Form of Derivative Securities Beneficially Owned at End of Month (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|
| D | |
| D | |
| | |
| | |
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| | |
| | |

Explanation of Responses:

(1) Each share of Pharmacia Common Stock (PHA) held by the reporting person was exchanged for 1.4 shares of Pfizer Common Stock (PFE), pursuant to the Pfizer/Pharmacia merger agreement adopted by the Pfizer and Pharmacia shareholders on December 6 & 9, 2002, respectively.

(2) Includes 2,200 deferred shares.

(3) Option is currently exercisable.

(4) Share equivalents acquired through the Non-Employee Directors Deferred Compensation Plan, including share equivalents accrued through the reinvestment of dividends.

(5) 1 for 1

| | |
|---|---|
| /s/ Don W. Schmitz | April 16, 2003 |
| **Signature of Reporting Person | Date |

Don W. Schmitz, attorney-in-fact for
Kathryn M. Eickhoff

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.

Potentional persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently vaid OMB number.