FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

V
OTATEMENT OF OUAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden

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

	ons may contin ion 1(b).	ue. See			Filed	pursu or S	ant to	o Section 16(n 30(h) of the	a) of the	Secu	urities Exchai Company Act	nge Act of t of 1940	1934		ho	urs per re	sponse:		0.5
1. Name and Address of Reporting Person* HEALTHCARE VENTURES VII LP					2. Issuer Name and Ticker or Trading Symbol PHARMATHENE, INC [PIP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle) 44 NASSAU STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/03/2010							Officer (give title Other (specify below) below)							
(Street) PRINCETON NJ 08542					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. I	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)												,			· ·	
		,	Table I - N	lon-D	eriva	tive	Sec	urities A	quire	d, D	isposed (of, or Be	eneficially	Owned					
Date			Date	nsactio h/Day/\	y/Year) Executi		ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 11/03				03/20	010		C		935,814	A	\$2.5417	4,253,0	,057		By Partnership(nip ⁽¹⁾		
			Table I					rities Acc	•	•	•	•	•	Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Curity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		ate	Securities Underly		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Owners Form: Direct (or Indire (I) (Instr	hip Indired Benefi O) Owner ect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	rof ``´´			,		
10% Convertible Note	\$2.5417	11/03/2010			C			935,814 ⁽²⁾	(3)		07/28/2011	Common Stock	935,814(2	(4)		0	I	By Partne	ership ⁽¹⁾
		Reporting Person* VENTURES	VILLP																
(Last)	AU STREE	(First)	(Mid	dle)															
(Street)	ΓΟΝ	NJ	085	42															
(City)		(State)	(7in)																

(Last)	(First)	(Middle)				
44 NASSAU STR	EET					
(Street)						
PRINCETON	NJ	08542				
(City)	(State)	(Zip)				
1. Name and Address						
LAWLOR AU	<u>GUSTINE</u>					
(Last)	(First)	(Middle)				
55 CAMBRIDGE PARKWAY						
SUITE 301						
(Street)						
CAMBRIDGE	MA	02142				
(City)	(State)	(Zip)				
1. Name and Address	of Reporting Person					
LITTLECHILI	O JOHN W					
(Last)	(First)	(Middle)				
55 CAMBRIDGE PARKWAY						
SUITE 301						
(Street)						
CAMBRIDGE	MA	02142				

(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Mirabelli Christopher</u>								
(Last) 55 CAMBRIDGE P. SUITE 301	(First) ARKWAY	(Middle)						
(Street) CAMBRIDGE	MA	02142						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* WERNER HAROLD R								
(Last) 44 NASSAU STRE	(First) ET	(Middle)						
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* CAVANAUGH JAMES H								
(Last) C/O HEALTHCARI 44 NASSAU STREI		(Middle)						
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>HealthCare Partners VII, L.P.</u>								
(Last) (First) (Middle) 44 NASSAU STREET								
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. These securities are owned by HealthCare Ventures VII, L.P. ("HCVVII"). These securities are indirectly owned by HealthCare Partners VII, L.P. ("HCPVII"), the General Partner of HCVVII and each of James Cavanaugh, Harold Werner, John Littlechild, Christopher Mirabelli and Augustine Lawlor, the general partners of HCPVII. Drs. Cavanaugh and Mirabelli and Messrs. Werner, Littlechild and Lawlor disclaim beneficial ownership of those securities in which they do not have a pecuniary interest and this report shall not be deemd an admission that they are the beneficial owners of these securities for purposes of Section 16. In addition, James Cavanaugh is a Director of the Issuer.
- 2. The 10% Convertible Note (the "Note") together with accrued interest was convertible into the Issuer's Common Stock at a price of \$2.541667 per share. The total number of shares acquired includes 829,173 shares of Common Stock underlying the Note together with 106,641 shares of Common Stock representing accrued interest under the Note.
- 4. This Note together with a Warrant was received pursuant to a Note and Warrant Purchase Agreement dated as of July 24, 2009, as amended on July 26, 2009 and July 28, 2009, by and among the Issuer and certain noteholders, all as more specifically reported on Form 4 filed with the Securities & Exchange Commission on July 30, 2009.

Remarks:

/s/Jeffrey Steinberg, Administrative Partner for 11/04/2010 HealthCare Ventures VII, L.P.

** 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.