FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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* Shuster Lewis						2. Issuer Name and Ticker or Trading Symbol ADVENTRX PHARMACEUTICALS INC [ ANX ]									5. Relationship of Reportin Check all applicable) X Director Officer (give title			uer vner specify
(Last) 12390 E SUITE 1	(First) (Middle)  CAMINO REAL  50			(	3. Date of Earliest Transaction (Month/Day/Year) 06/15/2011								below)			below)		
(Street) SAN DII	EGO C.	A	92130		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ction 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									v	Amount	1)	a) or ))	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
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/Ye	4. Transac Code (In		5. Number on of		6. Date Exercisa Expiration Date (Month/Day/Yea		ble and	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Amount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	0 10	lumber					
Stock Option (Right to Buy)	\$2.35	06/15/2011		A		10,480		(1)	00	5/14/2021	Comn		0,480	\$0.00	10,480	0	D	
Stock Option (Right to Buy)	\$2.35	06/15/2011		A		10,480		(2)	00	5/14/2021	Comn		0,480	\$0.00	10,480	0	D	
Stock Option (Right to Buy)	\$2.35	06/15/2011		A		1,746		(3)	00	5/14/2021	Comn		1,746	\$0.00	1,746	5	D	

## **Explanation of Responses:**

- 1. This option grant has a June 15, 2011 vesting commencement date and will vest as follows: 1/12th of the shares subject to the option vests per month on each monthly anniversary of the vesting commencement date, subject to continued service with the company
- 2. This option grant has an April 8, 2011 vesting commencement date and will vest as follows: 1/36th of the shares subject to the option vests per month on each monthly anniversary of the vesting commencement date, subject to continued service with the company.
- 3. This option grant was fully vested upon the date of grant.

/s/ Patrick L. Keran, Attorney-In-Fact for Lewis J. Shuster

06/17/2011

\*\* 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.