## 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*  LEVINE EVAN						2. Issuer Name and Ticker or Trading Symbol ADVENTRX PHARMACEUTICALS INC [ ANX ]								Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 6725 MESA RIDGE RD. , SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 09/12/2005								X Officer (give title Other (specify below)  President and CEO						
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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. Transac Date (Month/Date)					saction	ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (I	ction	4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount and Securities Beneficiall Owned Fol		t of S	Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	r Prie	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock					09/12/2005						1,000	D	\$3	3.64	4,193,399		I		see footnote <sup>(2)</sup>	
Common Stock					09/12/2005						4,600	D	\$3	3.62	4,188,799		I		see footnote <sup>(2)</sup>	
Common Stock					09/12/2005				S <sup>(1)</sup>		1,100	D	\$3	\$3.61 4,187,6		7,699	I		see footnote <sup>(2)</sup>	
Common Stock 09					09/12/2005						19,599	D	\$	\$3.6 4,1		68,100		I	see footnote <sup>(2)</sup>	
Common Stock 09/13/					3/200	5			S <sup>(1)</sup>		28,100	D	\$	\$3.5 4,14		0,000			see footnote <sup>(2)</sup>	
Common Stock 09/14/2					4/200	2005					54,399	) A	\$	60.5	4,194,399		I		see footnote <sup>(2)</sup>	
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. Deemo Execution if any (Month/Da	ed Date,	4. Transa	ansaction ode (Instr.		5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shai	nber						
Warrant to purchase common stock	\$0.5	09/14/2005			X			54,399	11/01/20	01	11/01/2006	Common Stock	54,3	399	\$0.5 125,0		501	I	See footnote <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. This sale was effected puruant to a rule 10b5-1 trading plan adopted by the reporting person on September 1, 2005
- 2. These securities are held by Mark Capital LLC, a limited liability company of which Mr. Levine is the sole member.

09/14/2005 /s/ Evan M. Levine

\*\* 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.