FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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

					01 3	ectioi	1 30(11)	or trie i	iiivesiiii	ent Co	прапу Аст	01 19	40								
1. Name and Address of Reporting Person* Denner Alexander J						2. Issuer Name and Ticker or Trading Symbol ADVENTRX PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Definer Arreaulact J					[ANX]										X	Direc	tor		10% O	wner	
(Last)	(Fi	First) (Middle)														Officer (give title below)			Other (specify below)		
C/O ICAHN CAPITAL LP						3. Date of Earliest Transaction (Month/Day/Year) 10/16/2009															
767 FIFTH AVENUE, SUITE 4700																					
_					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person						
NEW YO	RK NY		.0153												Λ		,		Ü		
															Form filed by More than One Reporting Person			orting			
(City)	(St	ate) (Zip)																		
		Tabl	e I - Nor	-Deriva	ative	Sec	uritie	s Ac	quired	l, Dis	posed o	of, o	r Be	nefici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.						r) E	A. Deemed execution Date, any Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)					4 and Sec Ben Owi		curities neficially		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	e v	Amount	(A) or (D)		Price		Transa	Fransaction(s) Instr. 3 and 4)			(mour 4)		
		Та									osed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Insti				6. Date Expirat (Month	ion Da		r) Amount of Securities Underlying Derivative Security (In and 4)		f 6 9 9 Instr. 3		vative do rity Sirity S	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	OI N Of	umber							

Explanation of Responses:

ALEXANDER J. DENNER 10/19/2009

** 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.