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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): October 10, 2007

ADVENTRX Pharmaceuticals, Inc.

(Exact Name of Registrant as Specified in Charter)

Delaware	**001-32157**	**84-1318182**
(State or Other Jurisdiction of Incorporation)	(Commission File No.)	(IRS Employer Identification No.)

6725 Mesa Ridge Road, Suite 100
San Diego, CA 92121
(Address of Principal Executive Offices and Zip Code)

N/A
(Former name or former address if changed since last report)

Registrant's telephone number, including area code: **(858) 552-0866**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

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Item 7.01. Regulation FD Disclosure.

Evan M. Levine, Chief Executive Officer of ADVENTRX Pharmaceuticals, Inc. ("ADVENTRX"), and other executive officers will present the information reflected in the slides attached as Exhibit 99.1 to this Current Report on Form 8-K (this "Report") commencing October 10, 2007 at various investor conferences and analyst meetings.

The information in this Report, including the slides attached hereto as Exhibit 99.1, is being furnished pursuant to this Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act") or otherwise subject to the liabilities of that section, and it shall not be deemed incorporated by reference in any filing under the Securities Act of 1933 or under the Exchange Act, whether made before or after the date hereof, except as expressly set forth by specific reference in such filing to this Report.

By filing this Report and furnishing this information, ADVENTRX makes no admission as to the materiality of any information in this Report. The information contained in the slides is summary information that is intended to be considered in the context of ADVENTRX's filings with the Securities and Exchange Commission (the "SEC") and other public announcements that ADVENTRX makes, by press release or otherwise, from time to time. ADVENTRX does not intend and undertakes no duty or obligation to publicly update or revise the information contained in this Report, although it may do so from time to time as its management believes is appropriate. Any such updating or revision may be made through the filing of other reports or documents with the SEC, through press releases or through other public disclosure.

ADVENTRX cautions you that statements information included in the slides attached hereto as Exhibit 99.1 that are not a description of historical facts are forward-looking statements that involve risks and assumptions that, if they materialize or do not prove to be accurate, could cause ADVENTRX's results to differ materially from historical results or those expressed or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: the risk that ADVENTRX will be unable to raise sufficient capital to fund the projects necessary to meet its anticipated or stated goals and milestones; the risk that ADVENTRX will not continue its Phase 3 clinical trial of CoFactor; the risk that preclinical results (including bioequivalency results) are not indicative of the success of subsequent clinical trials (including bioequivalence trials); difficulties or delays in developing, testing, manufacturing and marketing and obtaining regulatory approval for ADVENTRX's product candidates, including receiving necessary regulatory approvals for clinical trials of ANX-514 and the potential for automatic injunctions and other challenges by patent holders during the Section 505(b)(2) process; the potential for regulatory authorities to require additional preclinical work or other clinical requirements to support regulatory filings; the scope and validity of patent protection for ADVENTRX's product candidates; patent and non-patent exclusivity covering Navelbine® and Taxotere®; and other risks and uncertainties more fully described in ADVENTRX's press releases and periodic filings with the Securities and Exchange Commission. ADVENTRX's public filings with the Securities and Exchange Commission are available at http://www.sec.gov.

You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date when made. ADVENTRX does not intend to update any forward-looking statement, including any information included in the slides attached hereto as Exhibit 99.1, to

reflect events or circumstances arising after the date on which it was made. This caution is made under the safe harbor provisions of Section 21E of the Securities Exchange Act of 1934.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The list of exhibits called for by this Item is incorporated by reference to the Index to Exhibits filed with this report.

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SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, hereunto duly authorized.

ADVENTRX Pharmaceuticals, Inc.

Dated: October 10, 2007

By: /s/ Evan M. Levine
Name: Evan M. Levine
Title: Chief Executive Officer

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INDEX TO EXHIBITS

99.1 Presentation Slides

Exhibit 99.1

ADVENTRX
PHARMACEUTICALS

Refining therapies for life

AMEX: ANX

Safe Harbor Statement

ADVENTRX cautions you that statements included in this presentation that are not a description of historical facts are forward-looking statements that involve risks and assumptions that, if they materialize or do not prove to be accurate, could cause ADVENTRX's results to differ materially from historical results or those expressed or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: the risk that ADVENTRX will be unable to raise sufficient capital to fund the projects necessary to meet its anticipated or stated goals and milestones; the risk that ADVENTRX will not continue its Phase 3 clinical trial of CoFactor; the risk that preclinical results (including bioequivalency results) are not indicative of the success of subsequent clinical trials (including bioequivalence trials); difficulties or delays in developing, testing, manufacturing and marketing and obtaining regulatory approval for ADVENTRX's product candidates, including receiving necessary regulatory approvals for clinical trials of ANX-514 and the potential for automatic injunctions and other challenges by patent holders during the Section 505(b)(2) process; the potential for regulatory authorities to require additional preclinical work or other clinical requirements to support regulatory filings; the scope and validity of patent protection for ADVENTRX's product candidates; patent and non-patent exclusivity covering Navelbine® and Taxotere®; and other risks and uncertainties more fully described in ADVENTRX's press releases and periodic filings with the Securities and Exchange Commission. ADVENTRX's public filings with the Securities and Exchange Commission are available at http://www.sec.gov. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date when made. ADVENTRX does not intend to update any forward-looking statement, including as set forth in this presentation, to reflect events or circumstances arising after the date on which it was made.

ADVENTRX
PHARMACEUTICALS

Mission

ADVENTRX is a biopharmaceutical research and development company focused on commercializing proprietary product candidates for the treatment of cancer and infectious diseases.

The Company seeks to improve the performance and safety of existing treatments by addressing significant problems such as drug metabolism, bioavailability, excessive toxicity and resistance.

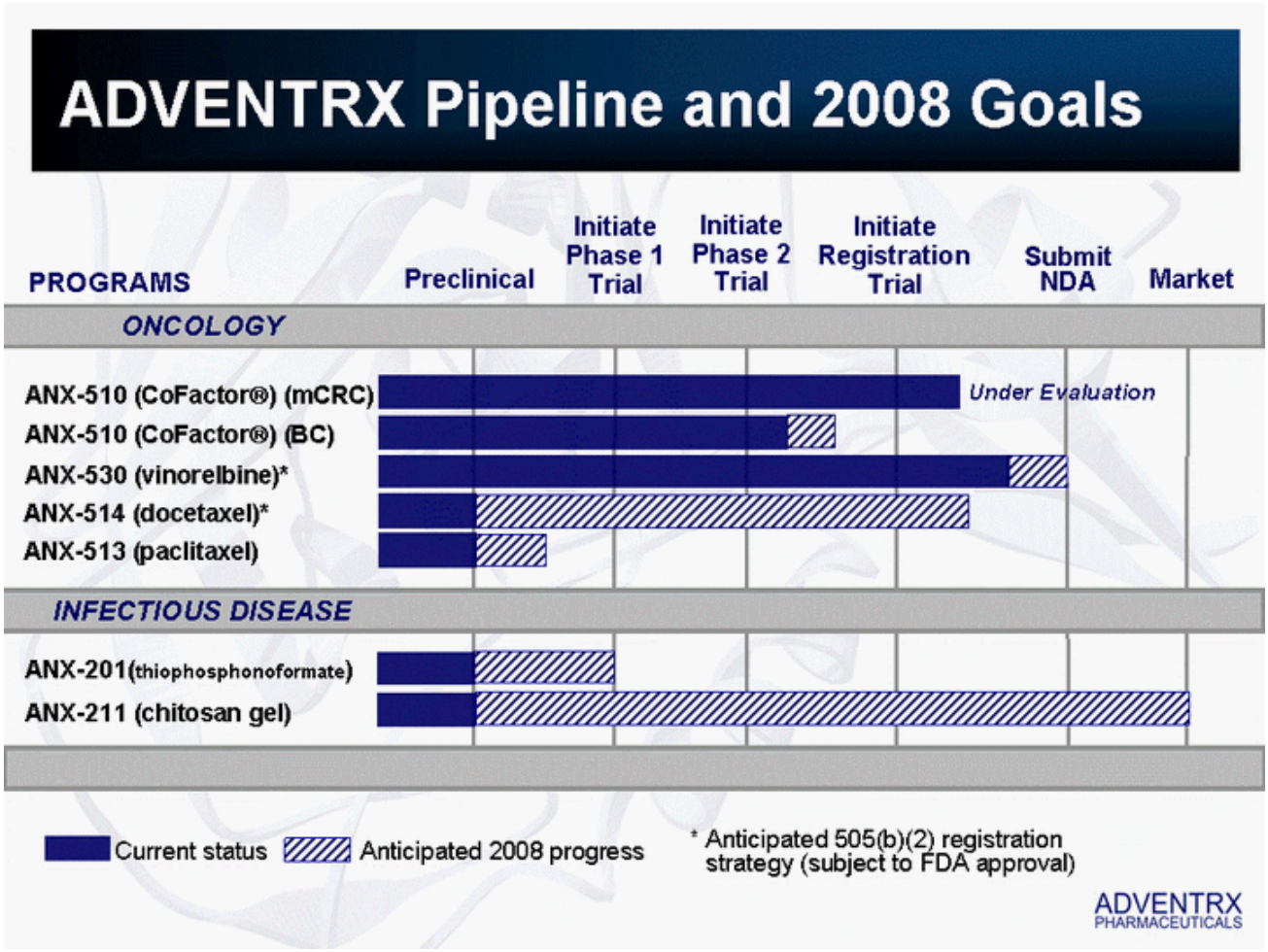


ADVENTRX
PHARMACEUTICALS

Clinical Development Plan

- Three clinical trials currently ongoing:
  - CoFactor Pivotal Phase 3 Study (colorectal cancer)
    - Currently under evaluation
    - Spending commitments reduced
  - CoFactor Phase 2 Study (breast cancer)
    - Completion of patient enrollment anticipated Q4'07
    - Data anticipated Q2'08
  - ANX-530 Marketing-enabling Bioequivalence Study
    - Patient enrollment complete
    - Data anticipated Nov. '07
- ANX-514 Marketing-enabling Bioequivalence Study
    - Study anticipated Q4'07, pending appropriate regulatory clearances

ADVENTRX PHARMACEUTICALS


ADVENTRX Pipeline and 2008 Goals
PROGRAMS
Preclinical
Initiate Phase 1 Trial
Initiate Phase 2 Trial
Initiate Registration Trial
Submit NDA
Market
ONCOLOGY
ANX-510 (CoFactor®) (mCRC)
Under Evaluation
ANX-510 (CoFactor®) (BC)
ANX-530 (vinorelbine)*
ANX-514 (docetaxel)*
ANX-513 (paclitaxel)
INFECTIOUS DISEASE
ANX-201(thiophosphonoformate)
ANX-211 (chitosan gel)
Current status
Anticipated 2008 progress
* Anticipated 505(b)(2) registration strategy (subject to FDA approval)
ADVENTRX PHARMACEUTICALS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PHARMACEUTICALS
Oncology Programs

ANX-510 (CoFactor®)

Folate-based biomodulator designed to replace leucovorin as the preferred method to enhance the activity and reduce associated toxicity of the widely used cancer chemotherapeutic agent 5-FU

CoFactor®

- Phase 2b results indicated clinical equivalence of CoFactor/5-FU to Leucovorin/5-FU utilizing an infusional administration
- Two clinical trials & preclinical studies have demonstrated superior efficacy & reduced toxicity against historical comparison of bolus administration of 5-FU
- Special Protocol Assessment agreement with FDA for U.S. pivotal Phase 3 study
- Fast track designation in U.S. with 5-FU and bevacizumab in initial treatment of mCRC
- Orphan drug designation in U.S. & E.U. for pancreatic cancer

Leucovorin (LV)

- Requires multiple metabolic steps to become active
- Global market > $500M

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Phase 2b mCRC Trial

Clinical Design:	Multi-national randomized two-armed open-label
Study Population:	300 patients with mCRC (1st line)
Dosing Regimen:	de Gramont regimen (400mg/m^2 loading dose of 5-FU followed by 600 mg/m^2 5-FU via 22 hr infusion for two consecutive days every 2 weeks), with either CoFactor 60mg/m^2 or leucovorin 200 mg/m^2, each administered every 2 weeks for 12 cycles as a 2 hr IV bolus.
Primary Endpoint:	Incidence of Grade 3 or 4 hematological or gastrointestinal toxicity
Secondary Endpoints:	Safety, response rate, TTP and quality of life
Clinical Sites:	30 (Europe and India)
Data Analysis:	Tumor assessment every 8 weeks, strict regulations for dose modification
Principal Investigator:	James Cassidy, MD, MBChB, MSc, FRCP

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Phase 2b Clinical Trial Results
Primary Endpoint

CoFactor/5-FU did not demonstrate statistically significant improved safety in trial's primary endpoint, reduction in proportion of patients reporting at least one hematological or gastrointestinal adverse event of grade 3 or greater

	CoFactor/ 5-FU (n= 147)	Leucovorin /5-FU (n= 148)	P-value
Patients reporting at least 1 hematological or gastrointestinal adverse event of grade 3 or greater	**23**	**10**	**p< 0.05**
Hematological	11	7	
Gastrointestinal	12	5	

ADVENTRX PHARMACEUTICALS

Phase 2b Clinical Trial Toxicity Profile Comparison (% Grades 3/4)*

Comparable percentage of grade 3/4 adverse events with CoFactor/5-FU compared with LV/5-FU

Grade 3-4 Adverse Events (%)	Ph 2B 5-FU/ CoFactor (n=147)	Ph 2B 5-FU/ LV (n=148)	deGramont Regimen 5-FU/LV cntl arm OX (n=210)	5-FU/LV cntl arm Xeloda (n=593)	Xeloda (n=596)
Diarrhea	0	0.7	5.3	12	15
Nausea	0.7	0	2.0	3	4
Vomiting	0.7	1.4	2.0	4	4
Stomatitis	0	1.4	nr	15	2
Mucositis	0	0	1.5	nr	nr
Anemia	1.4	1.4	2.5	1	2
Neutropenia	2.7	2.0	5.3	21	3
Hyperbilirubinemia	2.0	0.7	nr	6	23
Neuropathy	0	0	0	nr	nr
Hand-Foot Syndrome	0.7	0	nr	1	17

*Comparison data from Xeloda product package insert or Oxaliplatin from deGramont et al JCO Sept 2000. (nr=not reported)

ADVENTRX PHARMACEUTICALS

Phase 2b Clinical Trial Toxicity Profile Comparison (% All Grades)*

Comparable percentage of all adverse events with CoFactor/5-FU compared with LV/5-FU

Adverse Events (% ALL grades)	Ph 2B 5-FU/ CoFactor (n=147)	Ph 2B 5-FU/ LV (n=148)	deGramont Regimen 5-FU/LV cntl arm OX (n=210)	5-FU/LV cntl arm Xeloda (n=593)	Xeloda (n=596)
Diarrhea	17.0	17.6	43.8	61	55
Nausea	17.7	16.9	53.5	51	43
Vomiting	15.6	12.8	29.4	30	27
Stomatitis	2.7	2.7	nr	62	25
Mucositis	0.7	0.7	35.6	nr	nr
Anemia	2.0	7.4	81.4	79	80
Neutropenia	4.8	3.4	30.2	46	13
Hyperbilirubinemia	6.1	3.4	nr	17	48
Neuropathy	0	0.7	12	4	10
Hand-Foot Syndrome	2.7	1.4	nr	6	54

*Comparison data from Xeloda product package insert or Oxaliplatin from deGramont et al JCO Sept 2000. (nr=not reported)

ADVENTRX PHARMACEUTICALS

Phase 2b Clinical Trial Results
Selected Secondary Endpoints

Data from selected secondary endpoints (intent-to-treat population)

	CoFactor/5-FU (n= 150)	Leucovorin /5-FU (n= 150)	deGramont Regimen (n= 210)
Objective response rate	10.7%	13.3%	21.9%
Median Progression-free Survival (months)	6.3mo	6.1mo	6.0mo
Preliminary Median Survival (months)	14.7mo	14.3mo	14.7mo

CoFactor/5-FU arm	*70 patients remain alive*
Leucovorin/5-FU arm	*65 patients remain alive*

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Phase 3 mCRC Trial
(Currently Under Evaluation)

Trial	Indication	Design
Phase 3	1st line CRC	CoFactor/5-FU/Avastin versus LV/5-FU/Avastin

Primary Endpoint:	Improvement in progression free survival of ≥ 28 days; SPA with the FDA • Power of 80%, α level of 0.05. • Estimated median TTP is 9.44mo in control arm and 10.44mo in study arm.
Secondary Endpoints:	Response rate, duration of response, overall survival and adverse events
Number of Patients:	1,200 (600 per arm)

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Phase 2 Advanced Breast Cancer Trial

Trial	Indication	Design
Phase 2	Advanced breast cancer	CoFactor/5-FU

Patient Enrollment:	Completion expected Q4'07
Primary Endpoint:	Objective response rate (RECIST criteria) • Power of 80%, α level of 0.10. • Estimated rate of objective response is 25%
Secondary Endpoints:	Duration of response, progression free survival and adverse events
Number of Patients:	31

Outcome to guide design of Phase 3 Study

ADVENTRX PHARMACEUTICALS

ANX-530 (vinorelbine emulsion)

New formulation of intravenous vinorelbine tartrate designed to reduce vein irritation

ANX-530 (vinorelbine emulsion)

- Patient enrollment complete in a marketing-enabling 28-patient bioequivalency study of ANX-530 and Navelbine under 505(b)(2)
- Preclinical studies have demonstrated:
  - Reduced vein irritation, redness and swelling
  - Pharmacokinetics and antitumor activity similar to Navelbine

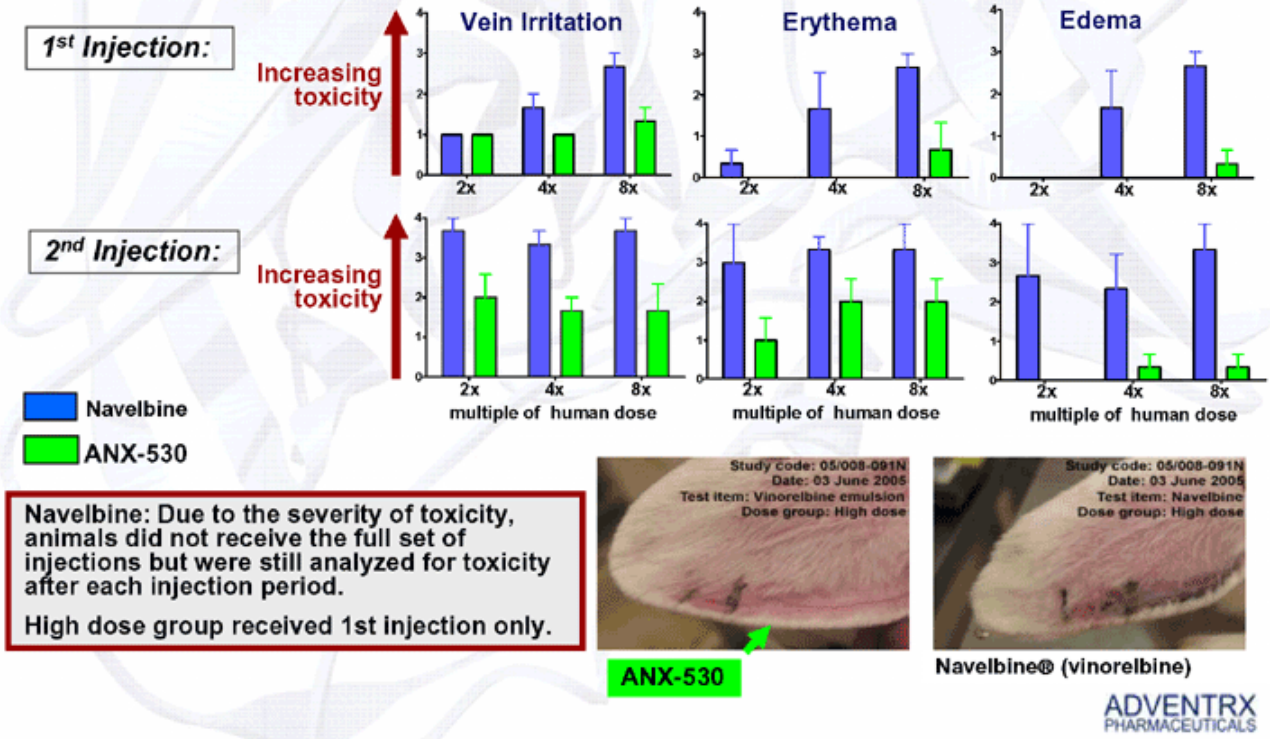
Navelbine® (vinorelbine)

- Indicated as single agent or in combination with cisplatin for first-line treatment of unresectable advanced NSCLC
- Injection site reactions in approximately one-third of patients
- Annual global market > $200M

ADVENTRX PHARMACEUTICALS

ANX-530 Preclinical Results

Lower Vein Irritation, Erythema & Edema



Navelbine: Due to the severity of toxicity, animals did not receive the full set of injections but were still analyzed for toxicity after each injection period.

High dose group received 1st injection only.

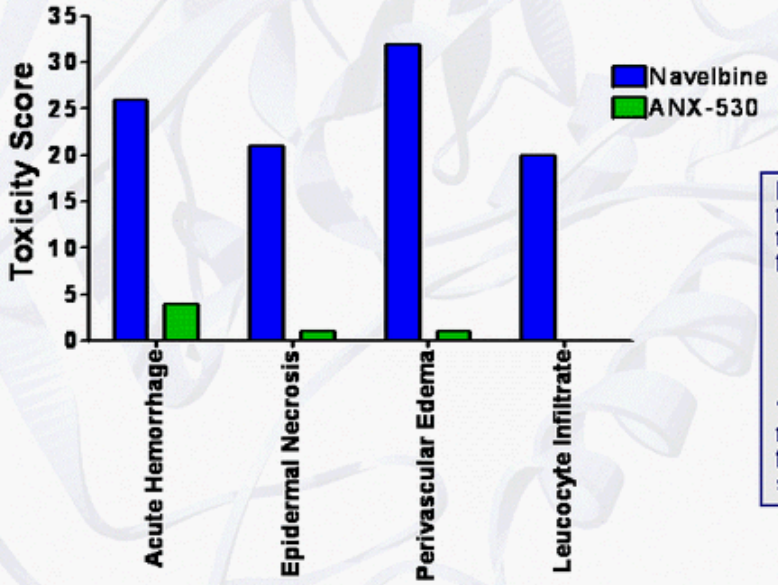
ANX-530

Navelbine® (vinorelbine)

ADVENTRX PHARMACEUTICALS

ANX-530 Preclinical Results
Ear Vein Histopathology

ANX-530 exhibited markedly less ear vein histopathological toxicity in preclinical studies



Following intravenous treatment in rabbits, ear vein tissue sections were scored for severity of symptoms

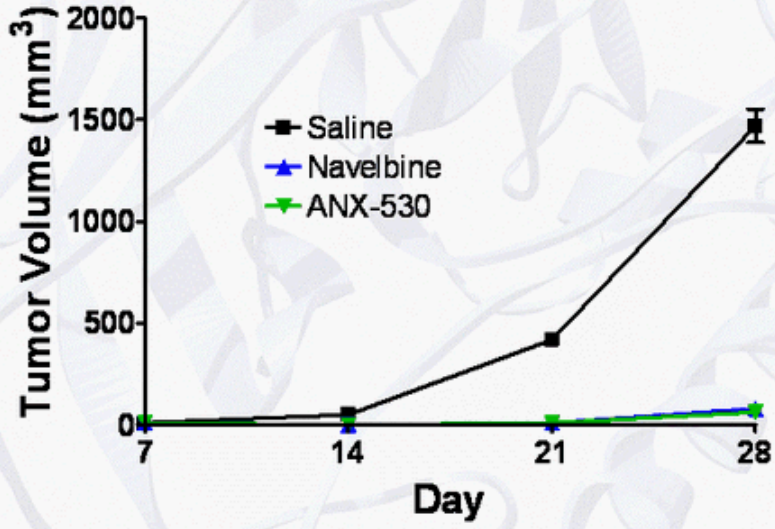
- (0 to 3 scale = no observable event to marked severity).

Toxicity score represents the summation of scores from seven separate vein sections/rabbit.

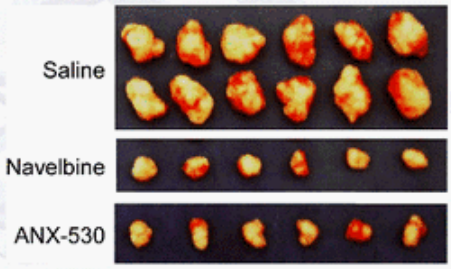
ADVENTRX PHARMACEUTICALS

ANX-530 Preclinical Results
Breast Tumor Xenograft

ANX-530 exhibits equivalent antitumor activity as Navelbine in a mouse xenograft model



Day 28 Excised Tumors



Dose level = 8 mg/kg (24 mg/m^2 human equivalent dose), qdx6 intravenous treatment

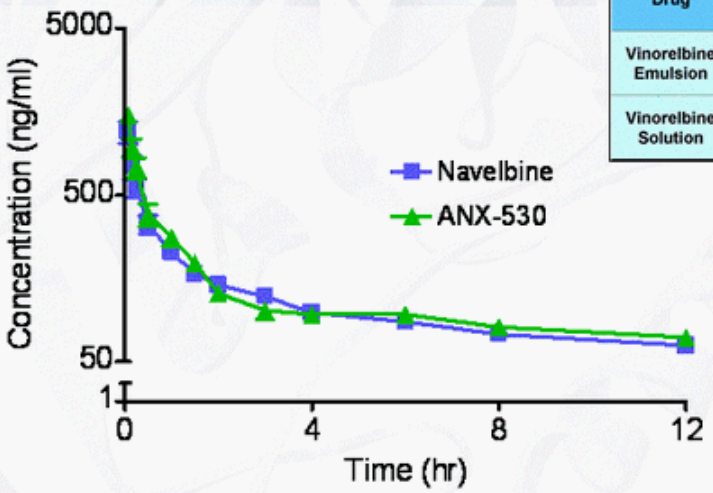
n=12 (saline group); n=(Navelbine & ANX-530 groups)

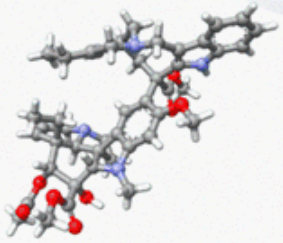
ADVENTRX PHARMACEUTICALS

ANX-530 Preclinical Results
Pharmacokinetics

Pharmacokinetics unchanged (statistically equivalent) for ANX-530 in a rat pK model

Drug	$t_{1/2\alpha}$ (hr)	$t_{1/2\beta}$ (hr)	Vd (L/kg)	CL (L/hr/kg)	AUC_{0-24} (mg hr/L)	$AUC_{0-\infty}$ (mg hr/L)
Vinorelbine Emulsion	0.28	11.2	24.1	1.5	2271.5	2717.6
Vinorelbine Solution	0.28	11.7	25.7	1.5	2106.2	2892.0





Source: Cantwell, MJ, Robbins, JM, Chen, AX; A novel emulsion formulation of vinorelbine attenuates venous toxicity while maintaining antitumor efficacy; AACR 2006

n= 12/group

ADVENTRX PHARMACEUTICALS

ANX-530 Bioequivalence Trial

Trial	Design
Bioequivalence	Crossover comparison of ANX-530 v. Navelbine

Data Expected:	Nov. 2007
Patient Enrollment:	Completed Oct. '07
Primary Endpoint:	Pharmacokinetic equivalence of ANX-530 and Navelbine
Secondary Endpoints:	Safety of a single dose of ANX-530
Number of Patients:	28

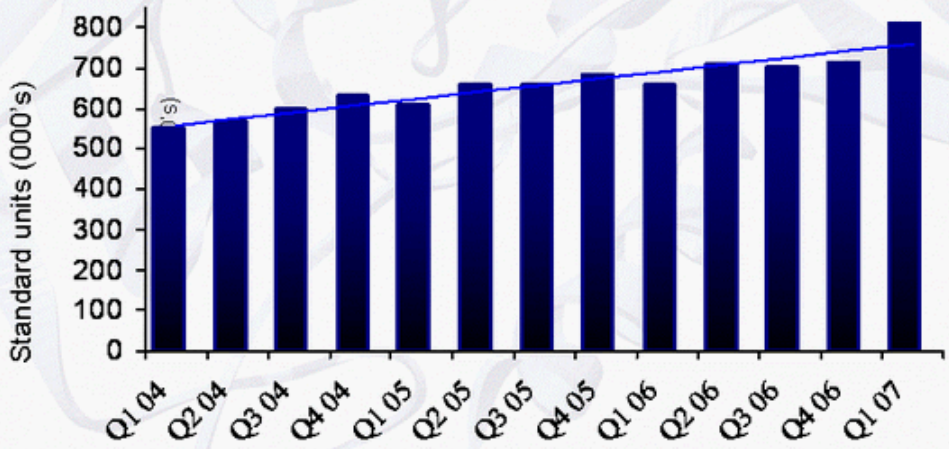
ADVENTRX PHARMACEUTICALS

Global Vinorelbine Market

Generic Vinorelbine Sales (2004-2007)

Global annual sales > $200M

Unit sales CAGR of 9% (last 2 years, top 10 countries)



Source: IMS Health

ADVENTRX PHARMACEUTICALS

Vinorelbine Market Growth Opportunity

Two NSCLC clinical studies (JBR.10 and ANITA) demonstrated survival benefit with vinorelbine/cisplatin in adjuvant setting[1,2]

Potential for increased use of vinorelbine in the adjuvant setting

Adjuvant Vinorelbine/Cisplatin Prolongs Survival in Patients With Early-Stage Non-Small Cell Lung Cancer

- Combination of vinorelbine and cisplatin significantly improves disease-free and OS following complete resection of stage IB or stage II NSCLC (up to 15% survival gain following vinorelbine/cisplatin adjuvant therapy versus observation alone)
- Adjuvant chemotherapy has become recommended method of care for patients with operable early stage NSCLC[3]

1. JBR.10 Study, New England Journal of Medicine 352:258902597, 2005
2. ANITA Study, Lancet Oncology 7:719-727, 2006
3. NCCN Clinical Practice Guidelines in Oncology V.2.2008

ADVENTRX PHARMACEUTICALS

ANX-514 (docetaxel emulsion)

New formulation of docetaxel formulated without polysorbate 80 or other detergents, designed to reduce the incidence and severity of hypersensitivity reactions

ANX-514 (docetaxel emulsion)

- FDA recently affirmed a 505(b)(2) regulatory path in the U.S.
  - Single study of approximately 28 patients that demonstrates the bioequivalence of ANX-514 & docetaxel is sufficient clinical data to support filing an NDA
- Preclinical results have indicated bioequivalent pharmacokinetics with a reduced risk of hypersensitivity reactions

Docetaxel (Taxotere®)

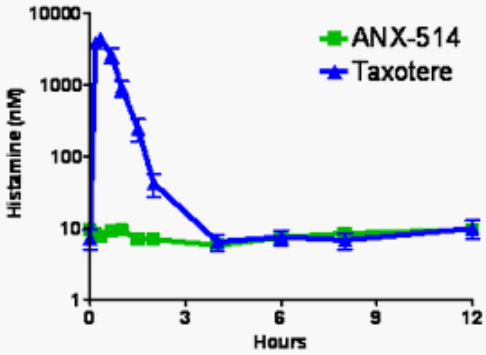
- Approved for the treatment of breast, non-small cell lung, prostate, head and neck & gastric cancers
- Severe hypersensitivity reactions can be caused by the presence of polysorbate 80 (detergent used to solubilize docetaxel); premedication with corticosteroids recommended for patients prior to treatment with docetaxel
- 2006 Global Taxotere Sales = Approx. $2.2B

ADVENTRX PHARMACEUTICALS

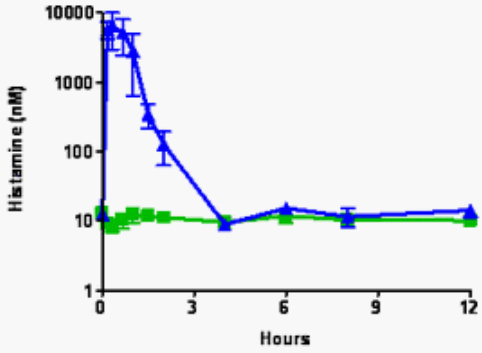
ANX-514 Preclinical Results
Plasma Histamine Levels

Lower hypersensitivity observed following ANX-514 administration over Taxotere in an animal model

Day 1 Dosing



Day 22 Dosing



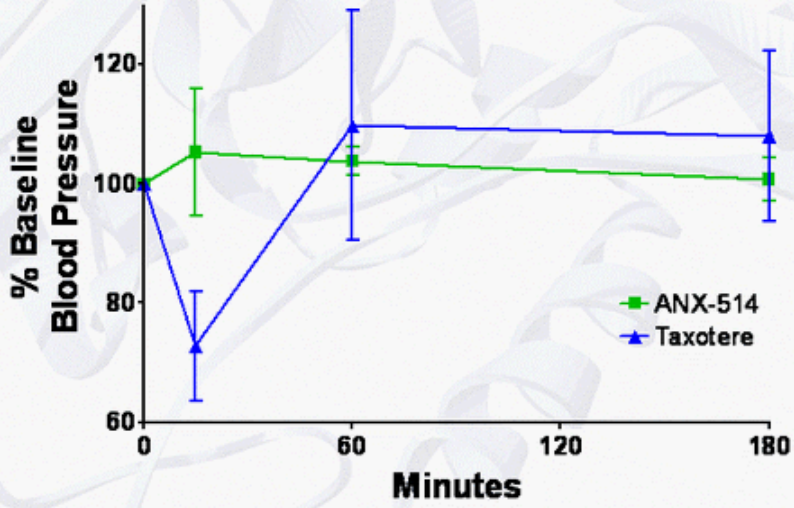
Dose Level = 1 mg/kg. Duration of Infusion = 5 minutes.
Crossover Study Design. (n= 4 animals per group)

ADVENTRX data on file.

ADVENTRX PHARMACEUTICALS

ANX-514 Preclinical Results
Blood Pressure Changes

Systolic blood pressure drops following Taxotere treatment compared to ANX-514 in an animal model



n = 4 animals per group

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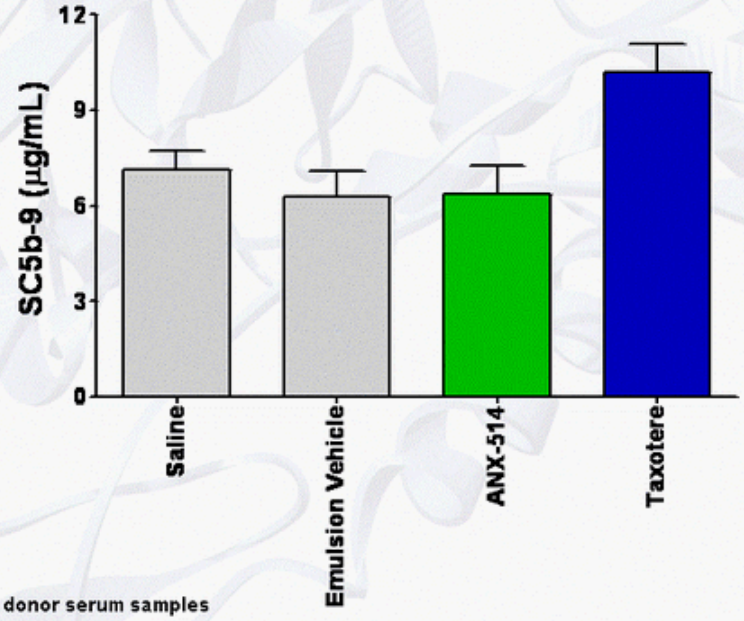
ANX-514 Preclinical Results
Complement Activation

Taxotere induces statistically significant ($p < 0.05$) increase in human serum complement activation compared to ANX-514

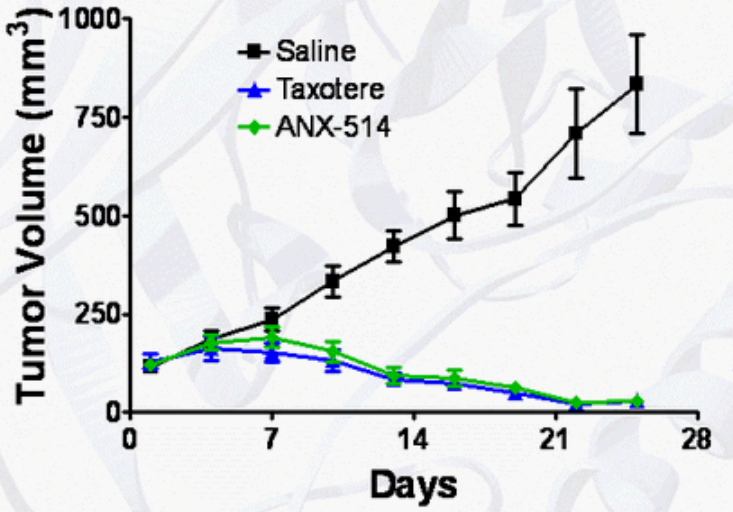


n = 10 normal human donor serum samples

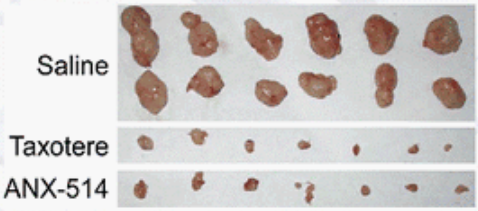
ADVENTRX PHARMACEUTICALS

ANX-514 Preclinical Results
Breast Tumor Xenograft

ANX-514 exhibits equivalent antitumor activity as Taxotere in a mouse xenograft model



Day 25 Excised Tumors

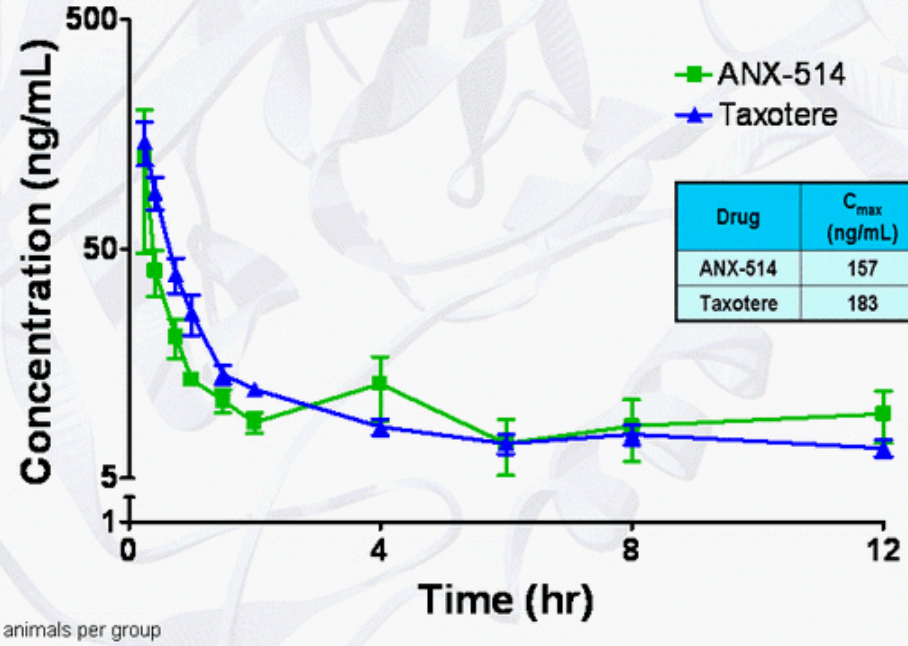


Dose level = 10 mg/kg (30 mg/m^2 human equivalent dose), q3dx4 intravenous treatment;
n=12 (saline group); n=6 (Taxotere & ANX-514 groups)

ADVENTRX PHARMACEUTICALS

ANX-514 Preclinical Results
Pharmacokinetics

Pharmacokinetics unchanged (statistically equivalent) for ANX-514 in an animal PK model



Drug	C_{max} (ng/mL)	AUC_{0-24} (ng·hr/mL)	T_{max} (hr)
ANX-514	157	246	0.25
Taxotere	183	242	0.25

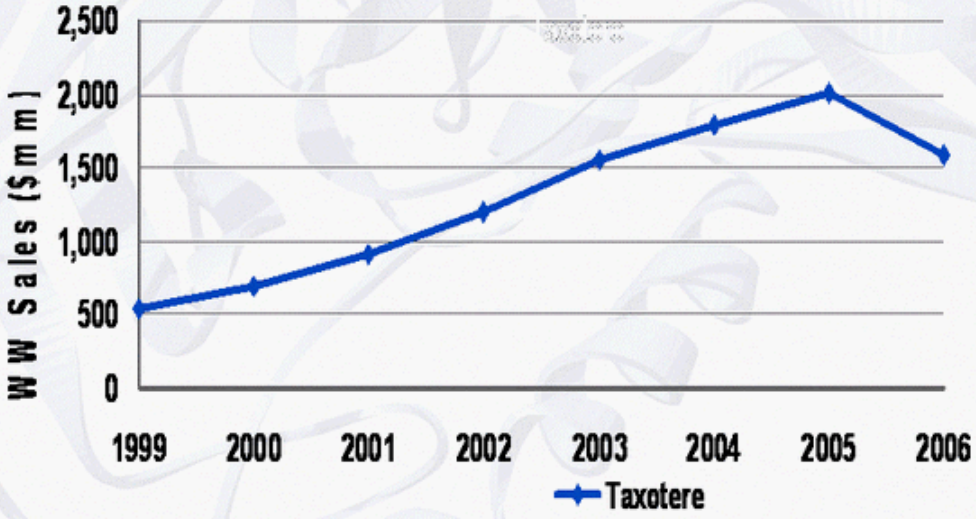
n = 4 animals per group

ADVENTRX PHARMACEUTICALS

Taxanes Market

Total Taxane pharmaceutical market nearly $2.2 billion

Taxane Global Drug Sales 1999-2006



Source: Datamonitor

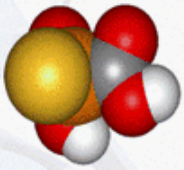
ADVENTRX PHARMACEUTICALS


ADVENTRX
PHARMACEUTICALS
Infectious Diseases

ANX-201 (thiophosphonoformate)

Reverse transcriptase inhibitor with novel mechanism of action that re-enables NRTI use in NRTI-resistant HIV+ patients

- Unique mechanism of action as a pyrophosphate analog reflected in unique resistance profile
- Resensitizes NRTI-resistant virus
- Active against virus with common mutations
- Synergistic activity with NRTIs including tenofovir, zidovudine (AZT), lamivudine and abacavir
- Broad antiviral activity: HIV, HPV, herpes and influenza A



thiophosphonoformate, TPFA

Note: Tenofovir is a NRTI in Truvada® and Viread®, zidovudine is a NRTI in Combivir®, Trizivir®, Retrovir® , lamivudine is a NRTI in Epivir®, Combivir®, Trizivir®, and abacavir is a NRTI in Ziagen®, Trizivir®, Epzicom®.

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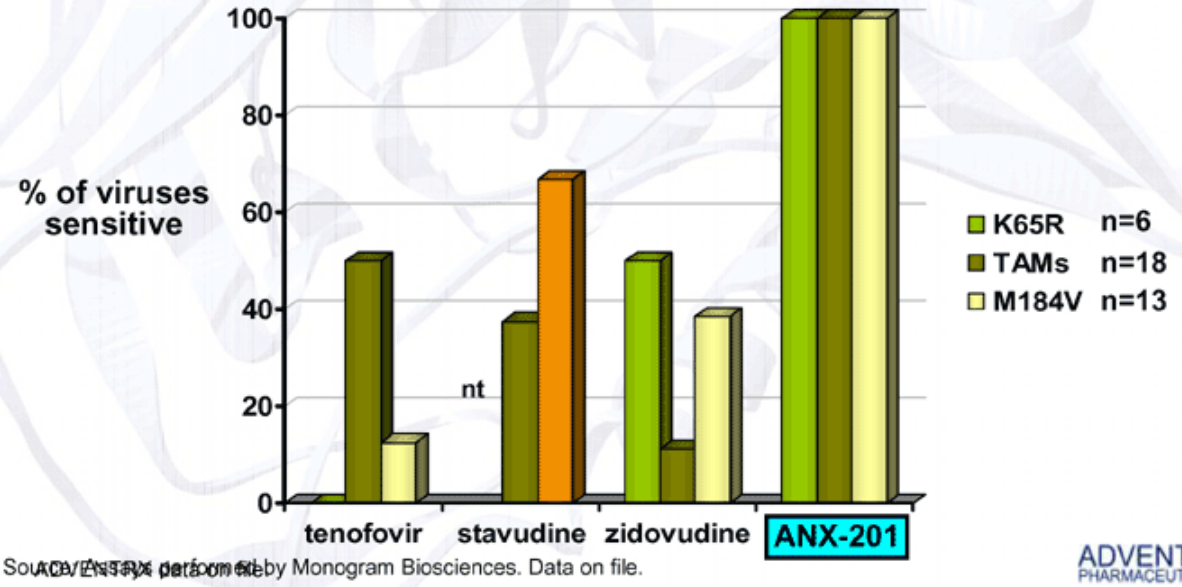
ANX-201 Preclinical Data

Drug Activity Against HIV with Resistance to NRTIs

ANX-201 tested against viruses resistant to common NRTIs due to virus mutations; all viruses tested were sensitive to ANX-201



Source: ANX-201 data on file by Monogram Biosciences. Data on file.

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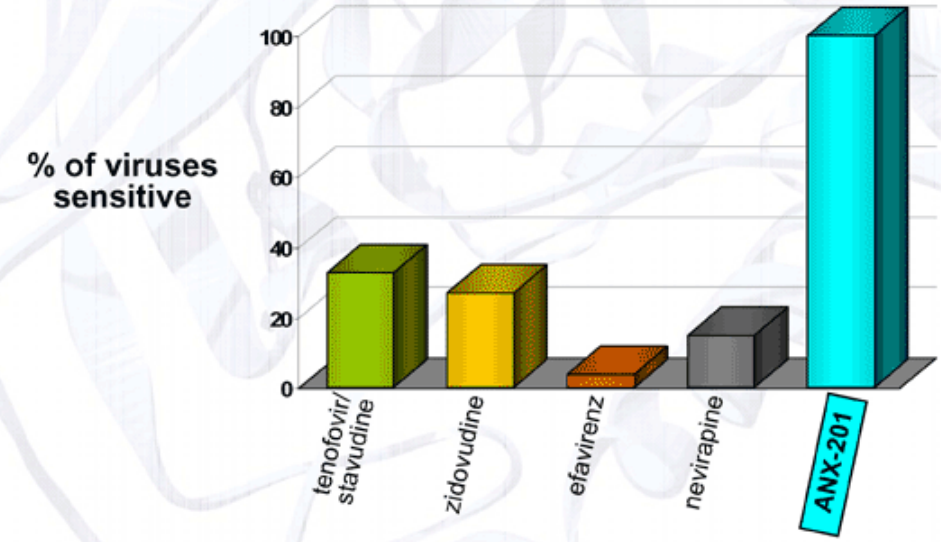
ANX-201 Preclinical Data

Drug Activity Against HIV with Resistance to NNRTIs

ANX-201 tested against viruses resistant to NNRTIs due to virus mutations; all viruses tested were sensitive to ANX-201



Source: Assays performed by Monogram Biosciences. Data on file.

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HIV/AIDS Market

RTI SALES (US)

- Drugs targeting HIV reverse transcriptase generated $3.2B in U.S. sales (2006)

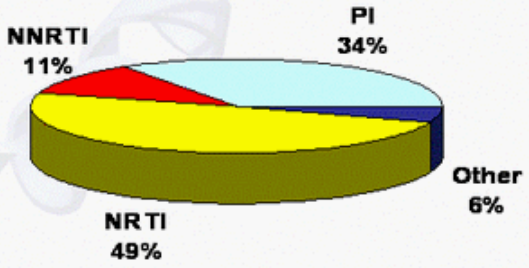
MARKET GROWTH

- HIV/AIDS is a chronic disease: Goal of treatment is lifelong viral suppression.
- Treatment-experienced 3rd line+ patients, represent approximately one-third of all HIV+ patients in the U.S.

Number of HIV cases:

- US - 950,000 with 40,000 new cases each year
- North America and Western Europe - 1.8M
- Global - nearly 40M

Portion of total sales by drug class in the 6 major markets (2006):



Sources: National Center for Health Statistics, UNAIDS/WHO, Datamonitor Pipeline Insight HIV 8/06

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ANX-211

Zinc and chitosan based intranasal/topical broad spectrum antiviral designed to reduce duration and severity of cold and flu for OTC market

ANX-211

- ANX-211 has demonstrated efficacy against viruses responsible for the common cold, influenza and other respiratory tract infections in preclinical studies

Zicam®

- Leading competitive US product positioned for cold
- Zicam-branded cold remedy and multi-symptom cold/flu product line sold nearly $75M in 2006
- Estimated 20-50M cases of flu and 500M cases of common cold each year in U.S.

Source: Incidence and prevalence database. Matrixx Initiatives, Inc. 2006 annual report.

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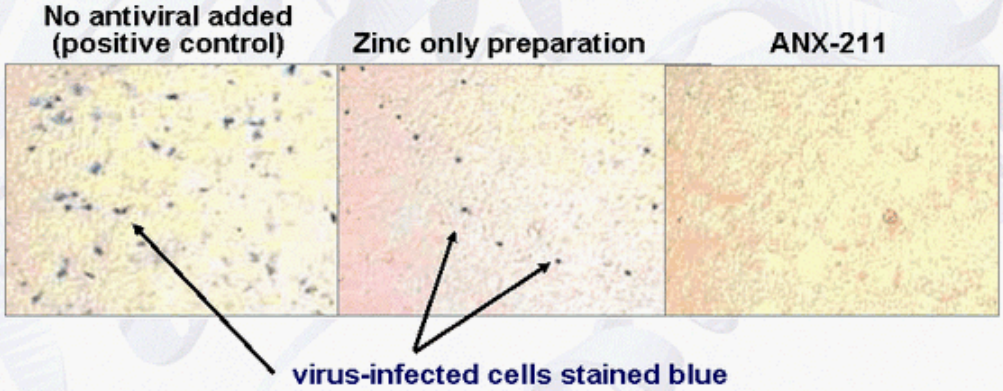
ANX-211 Preclinical Efficacy

ANX-211 has demonstrated efficacy against viruses responsible for the common cold, influenza and other respiratory tract infections in preclinical studies



HEK cells infected by adenovirus carrying β-gal gene. Virus-infected cells are blue from X-gal staining. **ANX-211 was more effective than the zinc only preparation in protecting the cells against the adenovirus infection.**

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Brown Simpson Asset Management; Dillon Read; Hambrecht & Quist

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Imagine Pharmaceuticals; Introgen; Viagene; Idec Pharmaceuticals; Upjohn

Gregory P. Hanson, C.M.A., M.B.A., Chief Financial Officer
Avanir Pharmaceuticals; XXsys Technologies, L3 Communications, Caterpillar, Ford

Joan M. Robbins, Ph.D., Chief Scientific Officer
Immusol; Chiron; NCI/NIH Laboratory of Tumor Immunology & Biology

Brian M. Culley, M.S., M.B.A., Chief Business Officer
Immusol; UCSD Technology Transfer and Intellectual Property Dept.; Neurocrine Biosciences

Joachim P. H. Schupp, M.D., Vice President, Medical Affairs
ProSanos Corp.; Novartis AG; CIBA-GEIGY AG

Patrick L. Keran, J.D., General Counsel
Isis Pharmaceuticals; Heller Ehrman; Brobeck, Phleger & Harrison

Mark J. Cantwell, Ph.D., Vice President, Research & Development
Tragen Pharmaceuticals; UCSD

Mark Erwin, Vice President, Commercialization
Centric Health Finance, LLC ; Ligand Pharmaceuticals; IDEC Pharmaceuticals

Michele L. Yelmene, Vice President, Regulatory Affairs
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Mark J. Pykett, V.M.D., Ph.D.	President and COO, Alseres Pharmaceuticals Inc.; Cofounder, Cytomatrix

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Q4 2007 Milestones

ANX-530 Marketing-Enabling Bioequivalence Study

- Data anticipated Nov. '07

CoFactor Phase 2 Study (breast cancer)

- Completion of patient enrollment anticipated Q4'07

ANX-514 Marketing-Enabling Bioequivalence Study

- IND filing anticipated Q4'07
- Study initiation anticipated Q4'07, pending appropriate regulatory clearances

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Refining therapies for life

AMEX: ANX