

CYTOGEN CORP  
Form 3  
May 19, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â EUSA Pharma Inc</p> <p>(Last) (First) (Middle)</p> <p>HERITAGE GATEWAY CENTRE,Â 1980 S. EASTON ROAD, SUITE 250</p> <p>(Street)</p> <p>DOYLESTOWN,Â PAÂ 18901</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/08/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>CYTOGEN CORP [NASD:CYTO]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director    <input checked="" type="checkbox"/> 10% Owner ___ Officer    ___ Other (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p>___ Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	36,093,873 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
EUSA Pharma Inc HERITAGE GATEWAY CENTRE 1980 S. EASTON ROAD, SUITE 250 DOYLESTOWN, PA 18901	^	^ X	^	^

## Signatures

/s/ Zoe Evans                      05/08/2008

\_\_Signature of                      Date  
Reporting Person

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) On May 8, 2008, the Reporting Person acquired all of the issued and outstanding shares of common stock, \$0.01 par value, of the Issuer pursuant to an Agreement and Plan of Merger, dated March 10, 2008, among the Issuer, the Reporting Person, and EUSA Pharma (USA), Inc., a wholly-owned subsidiary of the Reporting Person. In the merger, EUSA Pharma (USA), Inc. merged with and into the Issuer. On May 8, 2008 a Form 25 was filed with the SEC to effect the delisting from The Nasdaq Global Market of the common stock of the Issuer. On May 9, 2008, a Form 15 was filed with the Securities and Exchange Commission (the "SEC") to suspend the Issuer's duty to file reports required by Section 13 of the Securities Exchange Act and to terminate the registration of the common stock of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.