

PHARMACIA CORP /DE/  
 Form 5  
 February 15, 2002

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 OMB APPROVAL  
 -----  
 OMB Number: 323  
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FORM 5

- Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker
Lindqvist,	Berthold		Pharmacia Cor
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)
100 Route 206 North			
(Street)			
Peapack,	NJ	07977	
(City)	(State)	(Zip)	

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6. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

Director
  10% Owner

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----- Officer (give  
title below)

----- Other (specify  
below)

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7. Individual or Joint/Group Reporting  
(check Applicable Line)

Form filed by One Reporting Person

Form filed by More than One Reporting Person

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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans- action Date  (Month/ Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities or Disposed (Instr. 3,  ----- Amount
Common	04/17/2001	A	2,200

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5. Amount of  
Securities  
Beneficially  
Owned at  
end of Issuer's  
Fiscal Year  
(Instr. 3 and 4)

6. Ownership  
Form: Direct (D)  
or Indirect (I)  
(Instr. 4)

7. Nature of  
Indirect  
Beneficial  
Ownership  
(Instr. 4)

-----  
4,481

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D





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Pharmacia Corporation PHA

Form 5 - December 2001

Lindqvist, Berthold  
100 Route 206 North  
Peapack, NJ 07977

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Explanation of responses:

(1) Option is currently exercisable.

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