

PHARMACIA CORP /DE/
Form 4/A
October 15, 2002

Form 4

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FORM 4

OMB APPROVAL

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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).

(Print or Type Responses)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker
McMillan, Charles S.			Pharmacia Corporation PHA
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(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)
100 Route 206 North			

(Street)			

Peapack, NJ 07977

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/s/ Don W. Schmitz

10/15/02

**Signature of Reporting Person

Date

Don W. Schmitz, attorney-in-fact
for Charles S. McMillan

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.