

PHARMACIA CORP /DE/  
 Form 5  
 February 15, 2002

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

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 OMB APPROVAL  
 -----  
 OMB Number: 323  
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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
Eickhoff, Kathryn M. (Last) (First) (Middle)	Pharmacia Co
100 Route 206 North (Street)	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)
Peapack, NJ 07977 (City) (State) (Zip)	

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)

X Form filed by One Reporting Person

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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 (1)	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)

-----  
9,491

D

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\*If the form is filed by more than one reporting person, see  
Instruction 4(b)(v).



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Title	Amount or Number of Shares		
Common	3,570	3,570	D
Common	3,406	3,406 (3)	D

Explanation of Responses:

See attached statement

\*\*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 provided 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.

Don W. Schmitz  
-----  
\*\* Signature of Reporting Person  
Don W. Schmitz, attorney-in-fact  
for Kathryn M. Eickhoff

2/14/2002  
-----  
Date

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Pharmacia Corporation PHA

Form 5 - December 2001

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Eickhoff, Kathryn M.  
100 Route 206 North  
Peapack, NJ 07977

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Explanation of responses:

- (1) Deferred shares.
- (2) Option is currently exercisable.
- (3) Share equivalents acquired through the Non-Employee Directors Deferred Compensation Plan, including share equivalents accrued through the reinvestment of dividends.
- (4) 1 for 1

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