

Edgar Filing: PHARMACIA CORP /DE/ - Form 5

----- Officer (give
title below)

----- Other (specify
below)

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

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
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Common	04/17/2001	A	2,200

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)

6,905

D

*If the form is filed by more than one reporting person, see

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End of
Year
(Instr. 4) (I)
(Instr. 4)

Title	Amount or Number of Shares		
Common	10,227	10,227	D
Common	6,462	6,462	D
Common	6,600	6,600	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	2/14/2002
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** Signature of Reporting Person	Date
Don W. Schmitz, attorney-in-fact for	
Jacob F.M. Peters	

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Pharmacia Corporation PHA

Form 5 - December 2001

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Peters, Jacob F.M.
100 Route 206 North
Peapack, NJ 07977

Explanation of responses:

- (1) Option is currently exercisable.

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