Edgar Filing: CULPEPPER PETER R - Form 4

| CULPEPPE | R PETER R | | | | | | | | | | |
|--|-------------------------|--|-------------------------------------|------------------|-----------------|--|---|---|--|-----------|--|
| Form 4 | | | | | | | | | | | |
| June 11, 200 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| Check th | UNITED | SIAILS | | | D.C. 2054 | | GE U | 01/11/1155101 | OMB Number: | 3235-0287 | |
| if no longer subject to Section 16. Form 4 or | | | | IGES IN SECUR | | CIAL | OWN | ERSHIP OF | Expires: Estimated a burden hour response | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns tinue. Section 17 | (a) of the | Public U | tility Hole | | any A | Act of | Act of 1934, 1935 or Section 0 | I | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| CULPEPPER PETER R Symbol PROVE PHARM | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | MACEUT | ICALS IN | C | | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 5. Date of Earliest Transaction bel | | | | Director X Officer (give below) | | | | |
| 7327 OAK | RIDGE HWY., S | SUITE A | (Month/E 06/11/2 | - | | | | Chief F | inancial Office | er | |
| | | | | - | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| KNOXVILI | LE, TN 37931 | | Thea(mos | nni/Day/Tea |) | | | _X_Form filed by O Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-I | Derivative Se | ecuriti | | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | uired of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| 0 | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/11/2009 | | | М | 150,000 | А | \$ 0.64 | 410,376 | D | | |
| | | | | | | | | | | | |

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: CULPEPPER PETER R - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|---------|--|--------------------|---|--------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount o Number o Shares |
| Stock Options (Right to buy) | \$ 0.64 | 06/11/2009 | | М | | 150,000 | 01/07/2006 | 01/07/2015 | Common Stock | 150,000 |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|-------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| CULPEPPER PETER R 7327 OAK RIDGE HWY. SUITE A KNOXVILLE, TN 37931 | | | Chief Financial Officer | | | | | | |
| Signatures | | | | | | | | | |
| Peter R. Culpepper | 06/11/2009 | | | | | | | | |
| <u>**Signature of</u> | Date | | | | | | | | |

Explanation of Responses:

* 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. 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.

Reporting Person