

SAMARITAN PHARMACEUTICALS INC

Form 5

February 13, 2007

FORM 5**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549Check this 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**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
Number: 3235-0362Expires: January 31,
2005Estimated average
burden hours per
response... 1.01. Name and Address of Reporting Person *
PAPADOPOULOS VASSILI DR

(Last) (First) (Middle)

101 CONVENTION CENTER
DRIVE, SUITE 310

(Street)

LAS VEGAS, NV 89109

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading
Symbol
SAMARITAN
PHARMACEUTICALS INC [LIV]3. Statement of Issuer's Fiscal Year Ended
(Month/Day/Year)
12/31/20064. If Amendment, Date Original
Filed(Month/Day/Year)5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☐ Director ☐ 10% Owner
☐ Officer (give title below) ☒ Other (specify
below) Consultant

6. Individual or Joint/Group Reporting

(check applicable line)

☒ Form Filed by One Reporting Person
☐ 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
				(A) Amount	or (D)	Price			
Common Stock	Â	Â	Â	Â	Â	Â	50,000	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	50,000	I	By Spouse
Common Stock	Â	Â	Â	Â	Â	Â	1,497,845	I	Samaritan Pharmaceuticals Company

Deferred
Compensation
Plan

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

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of Derivative 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)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Stock Options (right to buy)	\$ 0.54	Â	Â	Â	Â Â	06/01/2005 06/01/2015	Common Stock 250,000
Stock Options (right to buy)	\$ 1.26	Â	Â	Â	Â Â	06/02/2004 06/02/2014	Common Stock 250,000
Stock Options (right to buy)	\$ 0.16	Â	Â	Â	Â Â	06/06/2003 06/06/2013	Common Stock 62,500
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â Â	06/06/2003 06/03/2013	Common Stock 187,500
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â Â	06/03/2002 06/03/2012	Common Stock 250,000
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â Â	06/01/2001 06/01/2011	Common Stock 250,000

Stock																			
Options	\$ 0.58	Â		Â		Â		Â	Â	11/28/2000	11/28/2010	Common	250,000						
(right to buy)												Stock							

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PAPADOPOULOS VASSILI DR 101 CONVENTION CENTER DRIVE SUITE 310 LAS VEGAS, NV 89109	Â	Â	Â	Consultant

Signatures

/s/Eugene Boyle, Power of Attorney for Vassilios
Papadopoulos

02/13/2007

__Signature of Reporting Person

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 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.