

EMANUELE ROBERT MARTIN
 Form 3
 April 28, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â EMANUELE ROBERT MARTIN			(Month/Day/Year)	ADVENTRX PHARMACEUTICALS INC [ANX]	
(Last)	(First)	(Middle)			
12390 EL CAMINO REAL, SUITE 150				4. Relationship of Reporting Person(s) to Issuer	
(Street)				(Check all applicable)	
SAN DIEGO,Â CAÂ 92130				<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Senior VP, Development	
(City)	(State)	(Zip)		5. If Amendment, Date Original Filed(Month/Day/Year)	
				6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	588,663 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: EMANUELE ROBERT MARTIN - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
---------------------	--------------------	-------	----------------------------------	----------	--

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
EMANUELE ROBERT MARTIN 12390 EL CAMINO REAL, SUITE 150 SAN DIEGO, CA 92130	Â	Â	Â Senior VP, Development	Â

Signatures

/s/ R. Martin
Emanuele

04/27/2011

__Signature of
Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) The reporting person acquired these securities on April 8, 2011 as consideration for the reporting person's interest in SynthRx, Inc., which ADVENTRX Pharmaceuticals, Inc., the issuer of these securities, acquired by merger on April 8, 2011. Of these 588,663 shares, (i) 42,035 shares are currently being held in escrow and are subject to forfeiture during 12-month period following the merger to satisfy claims arising as a result of SynthRx's breach of its representations and warranties or covenants in the merger agreement and (ii) 407,477 shares are subject to repurchase by the issuer at a purchase price of \$0.001 per share in the event and to the extent of failure to achieve the first development milestone under the merger agreement.

Â

Remarks:

The terms of the merger agreement pursuant to which the issuer acquired SynthRx, Inc. provide that

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.