

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

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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 t  
Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of

-----  
1. Name and Address of Reporting Person\*

2. Issuer Name and Ticker

Lund, Olof

Pharmacia Cor

(Last) (First) (Middle)

3. I.R.S. Identification  
Number of Reporting  
Person, if an entity  
(Voluntary)

100 Route 206 North

(Street)

Peapack, NJ 07977

(City) (State) (Zip)

-----  
6. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

X Director 10% Owner  
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----- Officer (give title below) ----- Other (specify below)

7. 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<br>(Instr. 3) | 2. Trans-<br>action<br>Date<br><br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) | 4. Securities<br>or Disposed<br>(Instr. 3,<br><br>Amount |
|------------------------------------|---|---|--|
| Common                             | 04/17/2001  | A   | 2,200  |

| 5. Amount of<br>Securities<br>Beneficially<br>Owned at<br>end of Issuer's<br>Fiscal Year<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|---|
| 4,927  | D   |   |

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



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| Title  | Amount or<br>Number of<br>Shares |       |   |
|--------|----------------------------------|-------|---|
| Common | 3,570                            | 3,570 | 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 |
| -----   | -----     |
| ** Signature of Reporting Person<br>Don W. Schmitz, attorney-in-fact for<br>Olof Lund | Date      |

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Pharmacia Corporation PHA

Form 5 - December 2001

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Lund, Olof

100 Route 206 North

Peapack, NJ 07977

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Explanation of responses:

(1) Option is currently exercisable.

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