## Edgar Filing: PROVECTUS PHARMACEUTICALS INC - Form 4

PROVECTUS Form 4 June 19, 2009	PHARMACE	UTICALS	S INC							
FORM		OMB APPROVAL								
-	UNITED	STATES		RITIES A shington,	N OMB Number:	3235-02	287			
Check this if no longer subject to Section 16. Form 4 or Form 5	Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							January 31Expires:2009Estimated averageburden hours perresponse0.8	
obligations may contine <i>See</i> Instruct 1(b).	ue. Section 17(			•	•	npany Act ny Act of 1	of 1935 or Secti 940	on		
(Print or Type Res	sponses)									
1. Name and Address of Reporting Person <u>*</u> SCOTT TIMOTHY PHD			2. Issuer Name and Ticker or Trading Symbol PROVECTUS PHARMACEUTICALS INC [PVCT]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector10% Owner				
(Last) (First) (Middle) 3. D (Mo			3. Date of (Month/	3. Date of Earliest Transaction (Month/Day/Year)			X Officer (give title Other (specify below) below) President			
10225 BOB C	GRAY ROAD		06/19/2009							
				iled(Month/Day/Year)			Applicable Line) _X_ Form filed by	_X_ Form filed by One Reporting Person		
KNOXVILLE	E, TN 37932						Form filed by Person	More than One F	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	
	Transaction Date Aonth/Day/Year)		Date, if	3. Transaction Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Repor	t on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.			
	1				Perso inform requir	ns who res nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owned securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 1.04	06/19/2009		А	50,000		06/19/2009	06/19/2019	Common Stock	50,000

## **Reporting Owners**

Reporting Owner Name / Addre	Relationships								
	Director	10% Owner	Officer	Other					
SCOTT TIMOTHY PHD									
10225 BOB GRAY ROAD	Х		President						
KNOXVILLE, TN 37932									
Signatures									
/s/Timothy Scott	06/19/2009								

<u>\*\*</u>Signature of

Reporting Person

## **Explanation of Responses:**

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

Date

\*\* 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.