## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287 Estimated average burden hours per response 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1	Address of Reporting	g Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol ENZON PHARMACEUTICALS INC [		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			ENZN		Director	10% Owner			
(Last) C/O ENZO	ast) (First) (Middle) /O ENZON PHARMACEUTICALS, INC.		3. Date of Earliest Transaction (Month/Day/Year) 03/30/2011	- x	Officer (give title below) EVP, R&D,	Other (specify below) , CSO			
685 ROUTE 202/206			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				X	Form filed by One Re	porting Person			
BRIDGEWATER NJ 08807					Form filed by More the Person	an One Reporting			
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

## 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) Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock <sup>(1)</sup>	03/30/2011		<b>J</b> <sup>(1)</sup>	v	2,500	Α	(1)	122,262(2)	D		
Common Stock	03/30/2011		F <sup>(3)</sup>		886	D	\$10.76	121,376	D		

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

			(* 5 / 1*	,,	- ,		,								
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. Transact Code (In 8)		of	ired r osed ) 1.3,4	Expiration Date (Month/Day/Year) s		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. Shares acquired upon vesting of a portion of restricted stock units granted to the Reporting Person on September 22, 2010 and reported on a Form 4 filed on September 24, 2010. Vesting of 1/6 of the shares underlying the award was accelerated by the Board.

2. The Reporting Person previously reported all restricted stock units granted to the Reporting Person on September 22, 2010 in Table I of the Form 4 filed on September 24, 2010. As such, no adjustment to the Reporting Person's beneficial ownership needs to be made to reflect this vesting event.

3. Shares were withheld from the Reporting Person, in an exempt transaction under Rule 16b-3, solely to satisfy tax obligations arising from the vesting of the restricted stock units described in this Form 4.

/s/ Andre	w Rack	ear, A	ttorne	Y- 04/	01/2011
In-Fact				- <u>04/</u>	01/2011

\*\* Signature of Reporting Person Date

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

\* 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.

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 Number.