FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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. Name and Address of Reporting Person* CLASSON ROLF A (Last) (First) (Middle) C/O ENZON PHARMACEUTICALS, INC.					Issuer Name and Ticker or Trading Symbol ENZON PHARMACEUTICALS INC [enzn] Date of Earliest Transaction (Month/Day/Year) 12/31/2003								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) below)			Owner (specify
(Street) BRIDGEWATER NJ (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							' I	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquired, I	Dispo	sed	of, or B	enefic	ially Owr	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution			Code (In	Transaction Dispo		curities Acquired osed Of (D) (Instr. 5)		4 Secu Bend Own	nount of rities ficially ed owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v .	Amoui	unt (A) or (D)		Repo	orted saction(s) r. 3 and 4)	(111341. 4)	(111301. 4)
	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. Transact Code (In 8)		5. n Number		6. Date Exercisal Expiration Date (Month/Day/Year		e and			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares				
Common Stock Right ⁽¹⁾	(2)	12/31/2003		A		335		(1)	(1)	Common Stock	335	\$0	335	D	
Common Stock (right to buy) ⁽³⁾	\$12.15	01/02/2004		A		5,000		01/01/2005	01/01	/2014	Common Stock	5,000	\$0	5,000	D	

Explanation of Responses:

- 1. Securities granted by Enzon Pharmaceuticals, Inc. pursuant to Enzon's 2001 Incentive Stock Plan as compensation for service as an Independent Director during the quarter ended December 31, 2003 and qualified under Rule 16b-3(d). The value of the compensation was \$4,000. In the spring of 2004, each Common Stock Right will be exchanged for one share of Common Stock; provided, however, Mr. Classon will be entitled to elect to receive cash for up to 50% of these rights, with the price per right being \$11.97, the fair market value of Enzon's Common Stock on December 31, 2003.
- 2. Each Common Stock Right that is exchanged will be exchanged for one share of Enzon's Common Stock.
- 3. Annual option granted to the Independent Directors of Enzon pursuant to Enzon's 2001 Incentive Stock Plan and qualified under Rule 16b-3(d).

/s/ Kenneth J. Zuerblis (Attorney-in-fact) 01/05/2004

** 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.