FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average bur	den
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

<u>HIGHB</u>		f Reporting Perso CAPITAL T LLC	n <sup>*</sup>		EN						ig Symbol ITICALS	<u>INC</u>			k all app Direc	olicable) tor		X 10	to Issuer % Owner
(Last)	(Fir		(Mide	tle)		ate of 02/20		t Trar	saction	(Mor	nth/Day/Year)				Office belov	er (give v)	title		ner (specify low)
, ,	57TH STR	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. If	Amen	dment,	Date	of Origi	inal F	iled (Month/D	ay/Yea		6. Ind Line)				ling (Che	ck Applicable Person
(Street) NEW YO	ORK NY	7	100	19										X	Form Perso		More th	an One	Reporting
(City)	(St	ate)	(Zip)																
		Tal	ole I	- Non-Deriv	ative	Secu	ıritie	s Ac	quire	d, D	isposed o	f, or B	Benefic	ially	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Transaction Date (Month/Day/Ye	ear) i	A. Dee xecution any Month/	n Date	),   1	3. Fransact Code (In		4. Securities Disposed Of and 5)			Se Be Ov	Amount ecurities eneficiall wned ollowing		6. Own Form: I (D) or Indirec (Instr. 4	Direct t (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								,	Code	v	Amount	(A) or (D)	Price	Re Tr	eported ansactionstr. 3 an		(iiisii.	''	(IIISu : 4)
	common sto	ock, \$0.01 par ock")		03/02/200	7				P		700	A	\$8.19	)	700	)	I <sup>(2)</sup>	(3)	See footnotes <sup>(2)(3)</sup>
Common	Stock			03/02/200	7				P		852	A	\$8.2		1,55	2	I <sup>(3)</sup>		See footnotes <sup>(3)(4)</sup>
Common	Stock			03/02/200	7				P		40,000	A	\$8.23	3	41,55	52	I <sup>(3)</sup>		See footnotes <sup>(3)(5)</sup>
Common	Stock			03/02/200	7				P		40,000	A	\$8.25	5	81,55	52	<b>I</b> (3)		See footnotes <sup>(3)(5)</sup>
Common	Stock			03/02/200	7				P		30,000	A	\$8.26	5	111,5	52	I <sup>(3)</sup>	(0)	See footnotes <sup>(3)(6)</sup>
Common	Stock			03/02/200	7				J <sup>(1)</sup>		30,000	D	\$8.26	5	81,55	52	I <sup>(3)</sup>		See footnotes <sup>(3)(6)</sup>
Common	Stock			03/02/200	7			$\perp$	J <sup>(1)</sup>		40,000	D	\$8.25	5	41,55	52	<b>I</b> (3)		See footnotes <sup>(3)(5)</sup>
Common	Stock			03/02/200	7			$\perp$	J <sup>(1)</sup>		40,000	D	\$8.73	3	1,55	2	I <sup>(3)</sup>	(2)	See footnotes <sup>(3)(5)</sup>
Common	Stock			03/02/200	7			_	J <sup>(1)</sup>		852	D	\$8.2		700	)	I <sup>(3)</sup>		See footnotes <sup>(3)(4)</sup>
Common	Stock			03/02/200	7				J <sup>(1)</sup>		700	D	\$8.19	)	0		<b>I</b> <sup>(2)</sup>		See footnotes <sup>(2)(3)</sup>
		1	able	e II - Derivat (e.g., pu							convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	Ex r) if a	Deemed ecution Date, any onth/Day/Year)	Code	action (Instr.	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rities ired r osed ) . 3, 4	Expira	ation	rcisable and Date //Year)	7. Title Amour Securit Underl Derivat Securit 3 and 4	nt of ties ying tive ty (Instr. 4)	of Der Sed (In:	Price rivative curity str. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	ive dies dially ing ed ction(s)	10. Owners Form: Direct (I or Indir (I) (Instr 4)	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					

Last) (First) (Middle)  WEST 57TH STREET  CTH FLOOR  Street) NEW YORK NY 10019  City) (State) (Zip)  Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle) P.O. BOX 30554  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Coubin Glenn  Coubin Glenn  Coubin Glenn  City) (State) (Zip)  City) (State) (Zip)			
Street) NEW YORK NY 10019  City) (State) (Zip)  Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GEORGE TOWN, GEORGE TOWN, GEORGE TOWN, GEORGE TOWN, City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LID WEST 57TH STREET, 27TH FLOOR	WEST 57TH ST		(Middle)
Street) NEW YORK NY 10019  City) (State) (Zip)  Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* DEFORGE TOWN, GRAND City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle) COHIGHBRIDGE CAPITAL MANAGEMENT, LID WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019		REET	
City) (State) (Zip)  Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LID OWEST 57TH STREET, 27TH FLOOR	/ III FLOOK		
Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LICAL MENT CORPORTION  Street) DECO HIGHBRIDGE CAPITAL MANAGEMENT, LICAL MENT CORPORTION  Street) NEW YORK NY 10019			
Name and Address of Reporting Person* HIGHBRIDGE CAPITAL CORP  Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND CAYMAN E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LIP WEST 57TH STREET, 27TH FLOOR	EW YORK	NY	10019
Last) (First) (Middle) HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND CAYMAN E9 00000  City) (State) (Zip)  Name and Address of Reporting Person Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554 SEVEN MILE BEACH  Street) GRAND E9 00000  City) (State) (Zip)  Name and Address of Reporting Person City) (State) (Zip)  Name and Address of Reporting Person City) (State) (Zip)  Name and Address of Reporting Person Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LICE OF CONTROL MANAGEMENT, LIC	City)	(State)	(Zip)
HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9  00000  City) (State) (Zip)  Name and Address of Reporting Person*  Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554  SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9  00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LID WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY  10019			
HIGHBRIDGE CAPITAL CORPORATION P.O. BOX 30554, SEVEN MILE BEACH  Street) GRAND E9  00000  City) (State) (Zip)  Name and Address of Reporting Person*  Highbridge International LLC  Last) (First) (Middle) P.O. BOX 30554  SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9  00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LID WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY  10019	ast)	(First)	(Middle)
Riteet)  GRAND E9  00000  City) (State) (Zip)  Name and Address of Reporting Person*  Highbridge International LLC  Last) (First) (Middle)  O.O. BOX 30554  SEVEN MILE BEACH  STEET) GRAND E9  00000  City) (State) (Zip)  Name and Address of Reporting Person*  Oubin Glenn  Last) (First) (Middle)  CO HIGHBRIDGE CAPITAL MANAGEMENT, LICE  O WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY  10019	,	, ,	, ,
City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle)  P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person* Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LICE (WIND)  Street) WEST 57TH STREET, 27TH FLOOR	O. BOX 30554,	SEVEN MILE E	BEACH
City) (State) (Zip)  Name and Address of Reporting Person* Highbridge International LLC  Last) (First) (Middle)  P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LIP  WEST 57TH STREET, 27TH FLOOR	treet)		
Name and Address of Reporting Person*  Highbridge International LLC  Last) (First) (Middle)  P.O. BOX 30554  SEVEN MILE BEACH  Street)  GEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LIP  DWEST 57TH STREET, 27TH FLOOR  Street)  NEW YORK NY 10019		E9	00000
Highbridge International LLC  Last) (First) (Middle)  P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person  Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI D WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	City)	(State)	(Zip)
Last) (First) (Middle)  2.O. BOX 30554  SEVEN MILE BEACH  STREET)  SEORGE TOWN, GRAND E9 00000  CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LIP  DWEST 57TH STREET, 27TH FLOOR  STREET)  STREET)  STREET)  STREET)  STREET)  MIDDLE STREET	Name and Address	of Reporting Pers	son*
P.O. BOX 30554 SEVEN MILE BEACH  Street) GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) CO HIGHBRIDGE CAPITAL MANAGEMENT, LICON WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	<u>lighbridge In</u>	ternational L	<u>LC</u>
Street) Street) Street) SECORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI D WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	ast)	(First)	(Middle)
Street) GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI D WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	O. BOX 30554		
GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LID  WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	EVEN MILE BE	ACH	
GEORGE TOWN, GRAND E9 00000 CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LID  WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	treet)		
CAYMAN  City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI  D WEST 57TH STREET, 27TH FLOOR  Street)  NEW YORK NY 10019	EORGE TOWN,		
City) (State) (Zip)  Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI  D WEST 57TH STREET, 27TH FLOOR  Street)  NEW YORK NY 10019		E9	00000
Name and Address of Reporting Person*  Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI  D WEST 57TH STREET, 27TH FLOOR  Street)  NEW YORK NY 10019	ATMAN		
Dubin Glenn  Last) (First) (Middle)  C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI  D WEST 57TH STREET, 27TH FLOOR  Street)  NEW YORK NY 10019	City)	(State)	(Zip)
Last) (First) (Middle) C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI D WEST 57TH STREET, 27TH FLOOR Street) NEW YORK NY 10019		of Reporting Pers	on <sup>*</sup>
C/O HIGHBRIDGE CAPITAL MANAGEMENT, LI D WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	ubin Glenn		
WEST 57TH STREET, 27TH FLOOR  Street) NEW YORK NY 10019	ast)	(First)	(Middle)
Street) NEW YORK NY 10019			
NEW YORK NY 10019	WEST 57TH ST	REET, 27TH FI	LOOR
NEW YORK NY 10019	treet)		
City) (State) (Zip)		NY	10019
	City)	(State)	(Zip)

1. Name and Addre		rson <sup>*</sup>
(Last) C/O HIGHBRID 9 WEST 57TH S		(Middle)  ANAGEMENT, LLC  FLOOR
(Street) NEW YORK	NY	10019
(City)	(State)	(Zip)

## **Explanation of Responses:**

- 1. Exempt transfer of shares to return shares borrowed in connection with short sales entered into prior to the time that the Reporting Persons became subject to the reporting requirements of Section 16.
- 2. 146 shares of Common Stock are attributable to Highbridge Convertible Arbitrage Master Fund, L.P. and 554 shares of Common Stock are attributable to Highbridge International LLC
- 3. Highbridge International LLC is a subsidiary of Highbridge Master L.P. Highbridge Capital Corporation and Highbridge Capital L.P. are limited partners of Highbridge Master L.P. Highbridge GP, Ltd. is the General Partner of Highbridge Master L.P. Highbridge GP, LLC is the General Partner of Highbridge Capital L.P. Highbridge Capital Management, LLC is the trading manager of Highbridge Capital Corporation, Highbridge Capital L.P., Highbridge International LLC, Highbridge Capital Management, LLC. Henry Swieca is a Co-Chief Executive Officer of Highbridge Capital Management, LLC. Each of the Reporting Persons disclaims beneficial ownership of the shares of Common Stock to the extent such beneficial ownership exceeds such Reporting Person's pecuniary interest.
- 4. 178 shares of Common Stock are attributable to Highbridge Convertible Arbitrage Master Fund, L.P. and 674 shares of Common Stock are attributable to Highbridge International LLC.
- 5. 8,359 shares of Common Stock are attributable to Highbridge Convertible Arbitrage Master Fund, L.P. and 31,641 shares of Common Stock are attributable to Highbridge International LLC.
- 6. 6,269 shares of Common Stock are attributable to Highbridge Convertible Arbitrage Master Fund, L.P. and 23,731 shares of Common Stock are attributable to Highbridge International LLC.

HIGHBRIDGE CAPITAL MANAGEMENT, LLC, By: Highbridge Capital 03/06/2007 Management, LLC, its Trading Manager, By: /s/ Carolyn Rubin, \*\* Carolyn Rubin, Managing Director \*\* Signature of Reporting Person

Date

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

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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Joint Filer Information

 ${\tt NAME:} \ {\tt Highbridge} \ {\tt International} \ {\tt LLC}$ 

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ADDRESS: The Cayman Corporate Centre, 4th Floor

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27 Hospital Road

George Town, Grand Cayman

Cayman Islands, British West Indies

DESIGNATED FILER: Highbridge Capital Management, LLC

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ISSUER: Enzon Pharmaceuticals, Inc.

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DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

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SIGNATURE: HIGHBRIDGE INTERNATIONAL LLC

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By: Highbridge Capital Management, LLC

its Trading Manager

By: /s/ Carolyn Rubin

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Name: Carolyn Rubin Title: Managing Director

Joint Filer Information

NAME: Highbridge Convertible Arbitrage Master Fund, L.P.

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ADDRESS: c/o Highbridge Capital Management, LLC

\_\_\_\_

9 West 57th Street, 27th Floor

New York, New York 10019

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

-----

SIGNATURE: HIGHBRIDGE CONVERTIBLE ARBITRAGE MASTER FUND, L.P.

-----

By: Highbridge Capital Management, LLC

its Trading Manager

By: /s/ Carolyn Rubin

-----

Name: Carolyn Rubin Title: Managing Director

Joint Filer Information

NAME: Highbridge Capital Corporation

----

ADDRESS: c/o Harmonic Fund Services

\_\_\_\_\_

The Cayman Corporate Centre, 4th Floor

27 Hospital Road

Grand Cayman, Cayman Islands, British West Indies

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

-----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

-----

SIGNATURE: HIGHBRIDGE CAPITAL CORPORATION

-----

By: Highbridge Capital Management, LLC

its Trading Manager

By: /s/ Carolyn Rubin

\_\_\_\_\_

Name: Carolyn Rubin Title: Managing Director

Joint Filer Information

NAME: Highbridge Capital L.P.

----

ADDRESS: c/o Highbridge Capital Management, LLC

\_\_\_\_\_

9 West 57th Street, 27th Floor

New York, New York 10019

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

-----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

\_\_\_\_\_

SIGNATURE: HIGHBRIDGE CAPITAL L.P.

-----

By: Highbridge GP, LLC its General Partner

By: /s/ Clive Harris

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Name: Clive Harris Title: Director

Joint Filer Information

NAME: Highbridge Master L.P.

----

ADDRESS: c/o Harmonic Fund Services

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The Cayman Corporate Centre, 4th Floor

27 Hospital Road Grand Cayman, Cayman Islands, British West Indies

DESIGNATED FILER: Highbridge Capital Management, LLC

ISSUER: Enzon Pharmaceuticals, Inc.

\_\_\_\_\_

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

\_\_\_\_\_

SIGNATURE: HIGHBRIDGE MASTER L.P.

-----

By: Highbridge GP, Ltd. its General Partner

By: /s/ Clive Harris

\_\_\_\_\_

Name: Clive Harris Title: Director

Joint Filer Information

NAME: Highbridge GP, Ltd.

\_\_\_\_

ADDRESS: c/o Harmonic Fund Services

-----

The Cayman Corporate Centre, 4th Floor

27 Hospital Road

Grand Cayman, Cayman Islands, British West Indies

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

\_\_\_\_

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

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SIGNATURE: HIGHBRIDGE GP, LTD.

-----

By: /s/ Clive Harris

\_\_\_\_\_\_

Name: Clive Harris Title: Director

Joint Filer Information

NAME: Highbridge GP, LLC

\_\_\_

ADDRESS: c/o Highbridge Capital Management, LLC

-----

9 West 57th Street, 27th Floor New York, New York 10019

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

-----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

\_\_\_\_\_

SIGNATURE: HIGHBRIDGE GP, LLC

-----

By: /s/ Clive Harris

\_\_\_\_\_\_

Name: Clive Harris Title: Director

Joint Filer Information

NAME: Glenn Dubin

ADDRESS: c/o Highbridge Capital Management, LLC

\_\_\_\_\_

9 West 57th Street, 27th Floor

New York, New York 10019

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

\_\_\_\_\_

SIGNATURE:

/s/ Glenn Dubin

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GLENN DUBIN

Joint Filer Information

NAME: Henry Swieca

ADDRESS: c/o Highbridge Capital Management, LLC

\_\_\_\_\_

9 West 57th Street, 27th Floor

New York, New York 10019

DESIGNATED FILER: Highbridge Capital Management, LLC

-----

ISSUER: Enzon Pharmaceuticals, Inc.

-----

DATE OF EVENT REQUIRING STATEMENT: March 2, 2007

\_\_\_\_\_

SIGNATURE:

/s/ Henry Swieca

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HENRY SWIECA