FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |

1.0

hours per response:

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

Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Form 4 | Transactions | Reported. | or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | | | |
|---|--|--|---|---|--|---|----------------|---------------------|---|-------------|--|--|---|---|---|--|---|--|
| 1. Name and Address of Reporting Person* GRAU ULRICH M | | | | | 2. Issuer Name and Ticker or Trading Symbol ENZON PHARMACEUTICALS INC [enzn] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
| (Last) (First) (Middle) C/O ENZON PHARMACEUTICALS, INC. | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2003 | | | | | | 'ear) | X Officer (give title Other (sp below) below) V.P., Chief Scientific Officer | | | | | У | |
| 685 ROUTE 202/206 (Street) BRIDGEWATER NJ 08807 (City) (State) (Zip) | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 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 Sec | uritie | s Ac | quire | d, Di | sposed o | f, or Be | eneficial | ly Owne | d | | | | | |
| 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 | | | | | | 5. Amour Securitie Beneficia | ies Own cially Form | | rship | 7. Nature Indirect Beneficia Ownersh | neficial | | |
| "" | | | | illonali, Bay, Teal, | | , , , | | Amou | | A) or D) | rice | Issuer's I | | | ct (l) | (Instr. 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. Transaction Code (Instr. 8) | of Deriva Secur Acqui (A) or Dispo | rivative curities aquired) or sposed (D) str. 3, 4 | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owners Form: Direct (I or Indir (I) (Instr 4) | hip of Ir Ben O) Own ect (Inst | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Common Stock (right to | \$23.66 | 08/13/2002 | | A | 50,000 |) | 08/13/2 | 2003 ⁽²⁾ | 08/13/2012 | Common | 50,000 | \$0 | 50,00 | 00 | D | | | |

Explanation of Responses:

- 1. Acquired pursuant to the Company's 2001 Incentive Stock Plan and qualified under Rule 16b-3
- 2. The options shall become exercisable as to 12,500 shares on each of the first, second, third and fourth anniversaries of August 13, 2002.

/s/ Ulrich M. Grau

08/14/2003

** 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.