

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| OMB APPROVAL | |
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| 1. Name and Address of Reporting Person* <u>COUCHMAN JONATHAN</u> (Last) (First) (Middle) 630 FIFTH AVENUE SUITE 2260 (Street) NEW YORK NY 10020 (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>ENZON PHARMACEUTICALS, INC. [ENZN]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019 | |
| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |

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) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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) |
|---|--------------------------------------|--|--------------------------------|---|---|------------|--------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 15,500 | A | \$0.25 | 4,697,166 | D | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 10,000 | A | \$0.25 | 4,707,166 | D | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 500 | A | \$0.25 | 4,707,666 | D | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 10,000 | A | \$0.25 | 4,717,666 | D | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 10,000 | A | \$0.25 | 1,569,523 | I | By Xstelos Corp. ⁽²⁾ |
| Common Stock, \$0.01 par value ⁽¹⁾ | 02/11/2019 | | P | | 5,000 | A | \$0.25 | 1,574,523 | I | By Xstelos Corp. ⁽²⁾ |
| Common Stock, \$0.01 par value ⁽¹⁾ | | | | | | | | 400,000 | I | By Couchman Family Fund ⁽³⁾ |

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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|-----|--|-----------------|---|--|--|---|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | | | | |

1. Name and Address of Reporting Person*
COUCHMAN JONATHAN
 (Last) (First) (Middle)
 630 FIFTH AVENUE
 SUITE 2260
 (Street)
 NEW YORK NY 10020
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Couchman Family Fund

(Last) (First) (Middle)

630 FIFTH AVENUE, SUITE 2260

(Street)
NEW YORK NY 10020

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Xstelos Corp.](#)

(Last) (First) (Middle)

630 FIFTH AVENUE
SUITE 2260

(Street)
NEW YORK NY 10020

(City) (State) (Zip)

Explanation of Responses:

1. This Form 4 is filed jointly by Jonathan Couchman ("Mr. Couchman"), Couchman Family Fund (the "Foundation") and Xstelos Corp. ("Xstelos" and, together with Mr. Couchman and the Foundation, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively owns more than 10% of the Issuer's outstanding shares of Common Stock (the "Shares"). Each of the Reporting Persons expressly disclaims beneficial ownership of the Shares reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such Shares for purposes of Section 16 or for any other purpose.

2. Represents Shares owned directly by Xstelos. Mr. Couchman is the controlling shareholder and Chief Executive Officer of Xstelos. By virtue of these relationships, Mr. Couchman may be deemed to beneficially own the Shares owned directly by Xstelos. Mr. Couchman expressly disclaims beneficial ownership of such Shares except to the extent of his pecuniary interest therein.

3. Represents Shares owned directly by the Foundation. Mr. Couchman is the sole trustee of the Foundation. By virtue of this relationship, Mr. Couchman may be deemed to beneficially own the Shares owned directly by the Foundation, however he has no pecuniary interest in such Shares.

/s/ Jonathan Couchman 02/14/2019

Couchman Family Fund; By:

/s/ Jonathan Couchman, 02/14/2019

Trustee

Xstelos Corp.; By: /s/ Jonathan

Couchman, Chief Executive 02/14/2019

Officer

** 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.