## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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 <sup>*</sup> delcampo ralph         (Last)       (First)         (DO ENZON PHARMACEUTICALS INC.         685 ROUTE 202/206         (Street)         BRIDGEWATER NJ       08807         (City)       (State)       (Zip)				ENZ ENZ 3. Dat 11/2.	<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>ENZON PHARMACEUTICALS INC [ ENZN ]</li> <li>Date of Earliest Transaction (Month/Day/Year) 11/23/2005</li> <li>If Amendment, Date of Original Filed (Month/Day/Year)</li> </ol>								(Ch 6. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP - Technical Operations 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv.           1. Title of Security (Instr. 3)         2. Transac Date (Month/Date)				ction	tion 2A. Deer Executio y/Year) if any			3. 4. See Transaction Code (Instr. and 5		4. Secu	urities Acquired ( sed Of (D) (Instr. :		d (A) o	or 5. Am Secur	ount of ities icially	For (D)	Ownership rm: Direct or lirect (I)	7. Nature of Indirect Beneficial Ownership	
						/lonth/Day/Year)		Code	v .	Amoun	nount (A) or (D)		Price	Follov Repor Trans	Following Reported Transaction(s) (Instr. 3 and 4)		str. 4)	(Instr. 4)	
		Т	able II				rities A	Acqu	uired, Dis	spos	ed of,	or Be	nefic	cially	/ Owner	1			
				(e.g., p	uts, ca	alls,	, warra	ants	, options						, 5				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date,	4. Transact Code (In 8)	tion	, warra 5. Num of Derivat Securit Acquira (A) or Dispos of (D) (Instr. 3 and 5)	nber tive ties red sed		s, cor ercisabl	nverti		and t of ies ying ive	ties)	8. Price of Derivative Security (Instr. 5)	9. Number derivative	s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Derivative Security	Conversion or Exercise Price of Derivative	Date	Execution if any	emed on Date,	4. Transact Code (In	tion	5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3	nber tive ties red sed 3, 4	, options 6. Date Exe Expiration	s, COr prcisab Date //Year)	nverti ole and ) iration	7. Title a Amount Securiti Underly Derivati Security	curiti and t of ies ying ive y (Instr or Nur of	ties)	8. Price of Derivative Security	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	s Ily J	Ownership Form: Direct (D) or Indirect (I) (Instr.	of Indirect Beneficial Ownership
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Explanation of Responses:

1. Employee stock option granted by Issuer pursuant to its 2001 Incentive Stock Plan and qualified under Rule 16b-3(d).

2. The option vests in four equal annual installments beginning on November 23, 2006.

3. Restricted stock units granted by Issuer pursuant to its 2001 Incentive Stock Plan and qualified under Rule 16b-3(d).

4. Of the 10,000 units granted, 3,000 will vest on November 23, 2008, 3,000 will vest on November 23, 2009 and 4,000 on November 23, 2010.

/s/ Lawrence R. Miller, Attorney in Fact

11/28/2005

\*\* 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.