

PHARMACIA CORP /DE/  
Form 4  
September 20, 2002

Form 4

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FORM 4  
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OMB APPROVAL  
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OMB Number: 3235-028  
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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).

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of t  
Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of

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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker	
Eickhoff,	Kathryn	M.	Pharmacia Corporation	
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	
100 Route 206 North			-----	
(Street)			-----	

Peapack, NJ 07977







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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.