

Edgar Filing: GENTA INCORPORATED /DE/ - Form 4

GENTA INCORPORATED /DE/
Form 4
February 08, 2002

FORM 4

OMB APPROVAL

OMB NUMBER: 3235-0104
Expires: December 31, 2001
Estimated average burden
Hours per response 0.5

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 the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

[] Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligation may continue.
See Instruction 1(b)
(Print or Type Response)

1. Name and Address of Reporting Person*

Manley Paul F.

(Last) (First) (Middle)

c/o Genta Incorporated, Two Connell Drive

(Street)

Berkeley Heights NJ 07922

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
Genta Incorporated (Nasdaq: GNTA)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Year

January 2002

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5. If Amendment, Date of Original (Month/Day/Year)

6. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

- Director 10% Owner
- Officer (give title below) Other (specify below)

VP Regulatory Affairs & Compliance

7. Individual or Joint/Group Filing (Check Applicable Line)

- Form filed by One Reporting Person
- Form filed by More than One Reporting Person

Table I -- NonDerivative Securities Acquired, Disposed of,
or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		
			Amount	or (D)	Price

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Explanation of Responses:

(1) These options were granted as part of an annual bonus. These options vest equally over the next four (4) years.

/s/ Paul F. Manley

February 8, 2002

**Signature of Reporting Person

Date

** 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.

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB NUMBER.