

SAMARITAN PHARMACEUTICALS INC

Form 5

February 13, 2007

# FORM 5

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

OMB APPROVAL

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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). Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person \*  
 PAPADOPOULOS VASSILI DR

(Last) (First) (Middle)

101 CONVENTION CENTER  
 DRIVE, SUITE 310

(Street)

LAS VEGAS, NV 89109

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
 SAMARITAN  
 PHARMACEUTICALS INC [LIV]

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 12/31/2006

4. If Amendment, Date Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 \_\_\_\_ Officer (give title below)  Other (specify below)  
 Consultant

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person  
 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)	(A) or (D)	Amount or Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	50,000	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	50,000	I	By Spouse
Common Stock	Â	Â	Â	Â	Â	Â	1,497,845	I	Samaritan Pharmaceuticals Company

Deferred  
Compensation  
Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

**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 Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 0.54	Â	Â	Â	Â	Â	06/01/2005	06/01/2015	Common Stock	250,000
Stock Options (right to buy)	\$ 1.26	Â	Â	Â	Â	Â	06/02/2004	06/02/2014	Common Stock	250,000
Stock Options (right to buy)	\$ 0.16	Â	Â	Â	Â	Â	06/06/2003	06/06/2013	Common Stock	62,500
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â	Â	06/06/2003	06/03/2013	Common Stock	187,500
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â	Â	06/03/2002	06/03/2012	Common Stock	250,000
Stock Options (right to buy)	\$ 0.58	Â	Â	Â	Â	Â	06/01/2001	06/01/2011	Common Stock	250,000

Stock														
Options	\$ 0.58	^	^	^	^	^	^	11/28/2000	11/28/2010	Common	250,000			
(right to buy)										Stock				

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PAPADOPOULOS VASSILI DR 101 CONVENTION CENTER DRIVE SUITE 310 LAS VEGAS, NV 89109	^	^	^	Consultant

**Signatures**

/s/Eugene Boyle, Power of Attorney for Vassilios Papadopoulos	02/13/2007
<u>        </u> Signature of Reporting Person	Date

**Explanation of Responses:**

\* 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 provided 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.