UNITED STATES SECURITIES AND WASHINGTON, D.C. 20549 FORM 4 STATEMENT OF CHANGES IN BENE () Check this box if no lon	EFICIAL nger sub	OWNERSH	HIP) Secti	ion 16.											
Form 4 or Form 5 obligations	•		See I	Instructio	ns 1	1(b).									
1. Name and Address of Reporting Person															
Kanzer, Steve H. 210 Central Park South New York, NY 10019															
. Issuer Name and Ticker or Trading Symbol															
Atlantic Pharmaceuticals, Inc. ("ATLC")															
s. IRS or Social Security Number of Reporting Person (Voluntary)															
. Statement for Month/Year															
01/2000															
5. If Amendment, Date of Original (Month/Year)															
6. Relationship of Reporting	g Person	(s) to	Issuer	Check a	ıll a	appli	cable)								
(X) Director () 10% Owner below)	er () 0	fficer	(give	title bel	.ow)	() (Other (speci	fy						
7. Individual or Joint/Group	o Filing	(Check	Appli	icable Lin	ne)										
(X) Form filed by One Re () Form filed by More th			ing Per	rson											
Table I Non-Derivative S	Securiti	es Acqu	uired,	Disposed	of,	or B	 eneficia	lly Ov	vned						
	2.			urities Ac						 t of		r 7.Nature			
	(Inst	r.8)	(Ins	Disposed of (Dinstr. 3, 4 and		5)			Beneficially Owned at End of Month		(D)o	r (Instr.			ļ
		Code V				A/ D					Indi ect(I)	İ		
								'	Instr	.3 and 4)	(Ins 4)				
Common Stook &0 001							 \$2.00/sh		6 121						
	01/14 00			000			Φ 2.00 /511		6,121		D 				i
Reminder: Report on a sepai	rate lin	e for e	ach cl	lass of se	curi	ities	henefic	ially	owned	directly	or indi	rectly.			
* If the form is filed by	more t	han one	e repo	orting pe	ersor	n, so	ee Inst	ructio	on 4(b))(v).		ŕ	SEC	(0ver) 1474 (7-96)	
Table II Derivative Secu	 uritites	Acquir	ed, Di	isposed of	, or	r Ben	 eficiall	y Owne	 ed						 I
1.Title of Derivative 2.Com	n- 3.	4.	 5.N	 Number of	De	6.Da	 te Exer	7.Tit	Le and	Amount	 8.Price	9.Number	 10. :	 11.Nature of	
(Instr. 3) or Ex	ker (Da	ite/	į ri	red(A) or Dis posed of(D)			ration	Seci	Securities va			tive	<pre>va Dir Indirect</pre>	Beneficial	
	Mon e of Yea	ır)	j po				Year)	i i			rity	Benefi			
Deriv tive	/a- (In 	ıstr.8) 		[str.3,4 ´ nd 5)			Expir ation -		le /	Amount or			Ind ire		 -
Secu- rity		 :e Code		 Amount		cisa ble	- Date 			Number of Shares	 		ct (I)		
į i	Ì	İ	İΪ	İ	İ	ĺ	i i				İ		(In str		ĺ
													4) 		
Stock Option (right to \$1 buy)		23/ A 					/ 9/22/ 09			2,000 	 	 	D	 	
Stock Option (right to \$1 buy)		′21 A 					10/20 /09			25,000 	 	27,000	D	 	
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Steve H. Kanzer

February 9, 2000 -----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 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.

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