VioQuest Pharmaceuticals, Inc.

Form 4

February 05, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* GREENLEAF DANIEL E

2. Issuer Name and Ticker or Trading Symbol

Issuer

VioQuest Pharmaceuticals, Inc.

(Check all applicable)

5. Relationship of Reporting Person(s) to

[VQPH]

(Last) (First) 3. Date of Earliest Transaction

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify

(Month/Day/Year) 10/18/2006

below) below) President and CEO

6. Individual or Joint/Group Filing(Check

180 MT. AIRY ROAD, SUITE 102 (Street)

(Middle)

Applicable Line)

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

> \_X\_ 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

BASKING RIDGE, NJ 07920

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

Indirect Beneficial Ownership (Instr. 4)

(A) or

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common

(Instr. 3)

Stock. \$.001 par value

60,000 D

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

(Month/Day/Year)

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# 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)	Secu Acqu Disp	umber of vative rities uired (A) or osed of (D) r. 3, 4, and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 0.88						<u>(1)</u>	02/01/2015	Common Stock, \$.001 par value	891,396
Stock Options	\$ 0.89						<u>(2)</u>	10/19/2015	Common Stock, \$.001 par value	1,445,08
Stock Options	\$ 0.56	10/18/2006		A(3)		394,580	<u>(4)</u>	10/18/2016	Common Stock, \$.001 par value	394,580

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topotonia C mar 1 mino / 1 min	Director	10% Owner	Officer	Other			
GREENLEAF DANIEL E							
180 MT. AIRY ROAD, SUITE 102	X		President and CEO				
BASKING RIDGE NI 07920							

## **Signatures**

/s/ Daniel E.
Greenleaf

\*\*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).
- (1) 297,132 shares vest on each of 2/1/06, 2/1/07 and 2/1/08.
- (2) 481,693 shares vest on each of 02/01/06 and 02/01/07 and 481,694 shares vest on 02/01/08.

Issued in accordance with Mr. Greenleaf's employment agreement dated 2/1/2005, which requires additional stock options to be issued to maintain Mr. Greenleaf's aggregate stock options to be equal to 5% of the Company's outstanding common stock until certain events occur.

Reporting Owners 2

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(4) 197,290 shares vest on each of 2/1/07 and 2/1/08.

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.