FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	tions may conti	inue. <i>See</i>		File				Section 16 30(h) of the				_		34						
Traine and radiess of Reporting Ferson					- 1	2. Issuer Name and Ticker or Trading Symbol PIPEX PHARMACEUTICALS, INC. [ PP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/09/2007									Officer (give title Other (specify below) below)						
430 PARK AVENUE 12TH FLOOR				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	<u> </u>						
(Street) NEW YOR, NY 10022												X	Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City)	(	State)	(Zip)																	
			Table I -	Non-E	Deriva	ative	e Se	ecurities A	Acquired,	Disp	osed of,	or	Benefi	cially Ow	ned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/D							Deemed ecution Date, y onth/Day/Ye	Code (Ir	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficially Following R	/ Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	V	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Commo	n Stock			11/0	)9/20	07			X		618,85	5	Α	\$0.74	1,856,	565 <sup>(1)</sup>		D		
	1		1	(e.	g., pu		all	urities Ac s, warrant	ts, option	s, co	nvertibl	e se	curitie	es)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr. B)		Derivative Ex		Expiration D	i. Date Exercisable an Expiration Date Month/Day/Year)		7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		nderlying security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativa Securitie Benefici Owned Followin Reporte	ve es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable		opiration ate	Titl	e	Amount or Number of Shares		Transac (Instr. 4)				
Warrants (right to buy)	\$0.74	11/09/2007			Х			618,855	11/22/200	6 1	1/22/2011		mmon Stock	618,855	\$0	0		D		
		of Reporting Perso					1													
Riuge	Dack Ca	<u>pital Investr</u>	nents Lu	<u>J.</u>																
(Last)		(First)	(Mido	lle)																
	RK AVENU	E																		
12TH FI	LOOR																			
(Street) NEW YOR, NY 10022																				
(City) (State) (Zip)																				
		of Reporting Perso pital Manag		<u>LC</u>																

1. Name and Address of Reporting Person\*

(First)

NY

(State)

(Middle)

10022

(Zip)

Holman Wayne George

430 PARK AVENUE 12TH FLOOR

(Street)

NEW YORK

(City)

(Last)	(First)	(Middle)				
430 PARK AVENUE						
12TH FLOOR						
(Street)						
NEW YORK	NY	10022				
-						
(City)	(State)	(Zip)				

## Explanation of Responses:

1. Wayne Holman and Ridgeback Capital Management LLC ("RCM") do not own any securities directly. Pursuant to an investment management agreement, RCM maintains investment and voting power with respect to the securities held by Ridgeback Capital Investments Ltd. ("RCI"). Wayne Holman controls RCM. Both Wayne Holman and RCM disclaim beneficial ownership of any of the securities covered by this statement except to the extent of any pecuniary interest therein. The Issuer was formerly known as Sheffield Pharmaceuticals Inc. The share information reported herein reflects a 1-for-3 reverse stock split.

## Remarks:

/s/ Bud Holman, as Attorneyin-Fact 11/13/2007

\*\* Signature of Reporting Person Date

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

- $\mbox{*}$  If the form is filed by more than one reporting person,  $\emph{see}$  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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.