**FORM 4**

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 or Section 30(h) of the Investment Company Act of 1940

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**1. Name and Address of Reporting Person**

**TABER ROBERT I**

C/O PALATIN TECHNOLOGIES INC
4C CEDAR BROOK DRIVE
CRANBURY NJ 08512

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**2. Issuer Name and Ticker or Trading Symbol**

PALATIN TECHNOLOGIES INC [ PTN ]

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**3. Date of Earliest Transaction (Month/Day/Year)**

07/01/2006

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

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**5. Relationship of Reporting Person(s) to Issuer**

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

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

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

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**TABLE I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>stock option (right to buy)</td>
<td>$2</td>
<td>07/01/2006</td>
<td>A</td>
<td>(A)</td>
<td>20,000</td>
<td>(A)</td>
<td>V</td>
</tr>
</tbody>
</table>

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**Explanation of Responses:**

1. The options vest at the rate of 1/12 of the shares per month on the last day of each month, starting July 31, 2006.

Robert I. Taber 07/05/2006

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

**Signature of Reporting Person**

Robert I. Taber 07/05/2006

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.