SEC Form	ı 4																	
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549															
Section 1	s box if no long 6. Form 4 or Fo s may continue n 1(b)	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-02 Estimated average burden		3235-0287 0.5				
		*			or S	ection 30(I	n) of the Ir	vestment Cor	npany Act of			tionchin of D	oporting D	orcon(c				
1. Name and <u>CLEME</u>									ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify									
	(Fir RA PHARM RTH COUI			below)								below) enior VP and CFO						
(Street) PALATINE	E IL	60067		XF							Form filed	ual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate)	(Zip)									,			0			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)			Date		/Day/Year) if any		med on Date, Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (/ Disposed Of (D) (Instr. 3			5. Amount o Securities Beneficially Following R	Owned (D) or l eported (I) (Inst		oirect direct . 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Ir		(Instr. 4)			
			Table II -	Deriva (e.g., p	tive S outs, c	ecuritie alls, wa	s Acqu rrants,	ired, Dispo options, c	osed of, o onvertibl	or Benef e securi	icially Owi ities)	ned						
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/Yea	Cod	nsaction le (Instr.	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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	e s Illy g	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Cod	ode V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Trar	Reported Transacti (Instr. 4)					
Employee Stock Options	\$0.13	08/12/2004		A		0 ⁽¹⁾		(2)	08/12/2014	Common Stock	375,000(1)	\$0	1,000,000		D			
5% Convertible Senior Secured Debentures ⁽³⁾	\$0.5776	08/13/2004		С			127,914	08/13/2004	08/13/2004	Preferred Stock	221,458	\$0	0		D			
5% Convertible Senior Secured Debentures ⁽³⁾	\$0.5776	08/13/2004		С			14,589	08/13/2004	08/13/2004	Preferred Stock	25,258	\$0	0		I	by minor daughter		
5% Convertible Senior Secured Debentures ⁽³⁾	\$0.5776	08/13/2004		с			13,029	08/13/2004	08/13/2004	Preferred Stock	22,557	\$0	0		I	by minor son		
Series C-1 Convertible Preferred Stock	(4)	08/13/2004		С		221,458		(5)	(6)	Common Stock	221,458	\$0	221,45	221,458 D				
Series C-1 Convertible Preferred Stock	(4)	08/13/2004		С		25,258		(5)	(6)	Common Stock	25,258	\$0	25,258		I	by minor daughter		
Series C-1 Convertible Preferred Stock	(4)	08/13/2004		С		22,557		(5)	(6)	Common Stock	22,557	\$0	22,55	7	I	by minor son		

Explanation of Responses:

1. Options to purchase 375,000 shares of the Issuer's common stock, \$.01 par value per share.

2. Options vests and is exercisable 25% per annum commencing on March 9, 2005 until fully vested.

3. 5% Convertible Senior Secured Debentures, due March 31, 2006, are automatically covnertible into Series C-1 Convertible Preferred Stock of the Issuer on August 13, 2004.

4. 1-for-1

5. Immed.

6. None

/s/ Peter A. Clemens

** Signature of Reporting Person

<u>08/12/2004</u> Date

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

 \ast 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 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.