FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

				017			_001	Wash	ington, D.C.	20549						ОМВ	APPRO	VAL	
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0 Expires: 2			
									(a) of the Sec e Investment			1934	Estimated av hours per response:			verage burde	11		
1. Name and Address of Reporting Person* <u>THANGARAJ IMMANUEL</u>						2. Issuer Name and Ticker or Trading Symbol HALSEY DRUG CO INC/NEW [ HDGCE.OB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2003									below) below)				
(Street)						f Ame	ndment	t, Date	of Original F	iled (N	Month/D		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City) (State) (Zip)															Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans: Date (Month/E						ear)	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ir	tion	4. Secur Dispose 5)	rities Acquired (A) ed Of (D) (Instr. 3, 4		d Securitie Beneficia Owned F	Securities Form Beneficially (D) of			7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	<sup>or</sup> Price	Transact				(Instr. 4)		
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)	Conversion Date Exec or Exercise (Month/Day/Year) if any			xecution Date, T any C		4. Transaction Code (Instr. 8)		umber vative irities iired r osed ) r. 3, 4 5)	6. Date Exercisable Expiration Date (Month/Day/Year)		able and 7. Title an of Securit		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Exp Date	oiration e	Title	Amount or Number of Share	s					
5% Convertible Senior Secured Debenture due March 31, 2006	0.34	06/16/2003			Р		0 <sup>(2)</sup>		06/16/2003	03/3	31/2006	Common Stock	490,19	7 \$166,667	\$166,6	67	I	By Essex Woodlands Health Ventures Fund V, L.P. <sup>(1)</sup>	
5% Convertible Senior Secured Debenture due March 31, 2006	0.34	07/01/2003			Р		0 <sup>(3)</sup>		07/01/2003	03/3	31/2006	Common Stock	686,27	4 <b>\$</b> 233,333	\$233,3	333	I	By Essex Woodlands Health Ventures Fund V, L.P. <sup>(1)</sup>	
5% Convertible Senior Secured Debenture	0.79	07/01/2003			Р		0 <sup>(4)</sup>		07/01/2003	03/3	31/2006	Common Stock	80,663	<b>\$</b> 63,724	\$63,7	24	I	By Essex Woodlands Health Ventures Fund V,	

**Explanation of Responses:** 

due March

31,2006

1. The reporting person is a managing director of the general partner of the partnership that owns the reported securities. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

2. The Number of Derivative Securities acquired on June 16, 2003 is \$166,667 in the form of a 5% Convertible Senior Secured Debenture.

3. The Number of Derivative Securities acquired on July 1, 2003 is \$233,333 in the form of a 5% Convertible Senior Secured Debenture.

4. The Number of Derivative Securities acquired on July 1, 2003 is \$63,724 in the form of a 5% Convertible Senior Secured Debenture.

07/03/2003

Date

L.P.<sup>(1)</sup>

\*\* Signature of Reporting Person

/s/ Immanuel Thangaraj

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

\* 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.