FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
ı	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     PDI INC						2. Issuer Name and Ticker or Trading Symbol AVANT IMMUNOTHERAPEUTICS INC [ AVAN ]								all applic	onship of Reporting all applicable) Director		10% Ov	vner
(Last) (First) (Middle) 23 FAWN DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2004									Officer (give title below)		Other (s below)		ъреспу
(Street) LIVINGSTON NJ 07039				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	·				
(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Table II - Deri				Month/Day/\	Execution Date,		Code (I 8) Code	v isp	Disposed 5)  Amount  Osed of,	d of, or Benefic		e Ily O	Reported Transact (Instr. 3 a	ties (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	4. Trans	action (Instr.	5. Number		6. Date Ex Expiration (Month/Da	ercis	able and	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		int 8. D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form Direct or Ind (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er					
Non- Qualified Stock Options	\$2.68	05/20/2004		A		10,000		05/20/200	)5 (	05/20/2014	Common Stock	10,00	00	\$2.68	30,000	0	D	

**Explanation of Responses:** 

Larry Ellberger

05/24/2004

\*\* Signature of Reporting Person

Date

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.