

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 14A

Proxy Statement Pursuant to Section 14(a) of
the Securities Exchange Act of 1934 (Amendment No.)

Filed by the Registrant

Filed by a Party other than the Registrant

Check the appropriate box:

- Preliminary Proxy Statement
 Confidential, for Use of the Commission Only (as permitted by Rule 14a-6(e)(2))
 Definitive Proxy Statement
 Definitive Additional Materials
 Soliciting Material Pursuant to §240.14a-12

Sonus Pharmaceuticals, Inc.

(Name of Registrant as Specified In Its Charter)

(Name of Person(s) Filing Proxy Statement, if other than the Registrant)

Payment of Filing Fee (Check the appropriate box):

- No fee required.
 Fee computed on table below per Exchange Act Rules 14a-6(i)(1) and 0-11.
- (1) Title of each class of securities to which transaction applies: _____
- (2) Aggregate number of securities to which transaction applies: _____
- (3) Per unit price or other underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing fee is calculated and state how it was determined): _____
- (4) Proposed maximum aggregate value of transaction: _____
- (5) Total fee paid: _____
- Fee paid previously with preliminary materials.
 Check box if any part of the fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid previously. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.
- (1) Amount Previously Paid: _____
- (2) Form, Schedule or Registration Statement No.: _____
- (3) Filing Party: _____
- (4) Date Filed: _____
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OncoGenex™

OncoGenex Pharmaceuticals, Inc.

*Merger of Sonus Pharmaceuticals Inc.
and OncoGenex Technologies Inc.*

July 17, 2008

*Committed to the development of new
cancer therapies that address unmet
needs in the treatment of cancer*



Bringing hope to life.

This presentation contains forward-looking statements based upon current expectations and beliefs that involve a number of significant risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. All statements other than historical facts are statements that could be deemed forward-looking. Potential risks and uncertainties, include, among others, the possibility that the merger does not close or that the closing may be delayed; synergies and costs savings may not be achieved and we may be unable to successfully execute our integration strategies; the timing and costs of clinical trials and regulatory approvals are uncertain; our clinical trials may not be successful; preclinical studies may not be indicative of clinical trial results; risks associated with obtaining funding from third parties or completing a financing necessary to support the costs and expenses of clinical studies as well as research and development activities; risks associated with our reliance on intellectual property licenses from third parties; our potential inability to protect and enforce our intellectual property rights; risks that we will not be able to maintain listing on NASDAQ, as well as other risks relating to the development, safety and efficacy of therapeutic drugs and potential applications for these products. No assurance can be given that any of the events anticipated by the forward-looking statements will occur, or if any of them do, what impact they will have on our results of operations or financial condition. We undertake no obligation to update the forward-looking statements contained herein or to reflect events or circumstances occurring after the date hereof.

- OncoGenex and Sonus (NASDAQ: SNUS) announced signing of definitive agreement to merge; planned closing August 20, 2008
- Focused on the development of novel therapeutics for patients with cancer
- Four distinct product candidates in development
 - Lead product candidate in 5 Phase 2 clinical trials
 - Preliminary data support advancing development in HRPC and NSCLC
 - Initial focus will be in hormone refractory prostate cancer
 - Two product candidates in Phase 1 with plans to transition to Phase 2
 - One pre-clinical product candidate with future plans to transition to Phase 1
- Near term development milestones
- Experienced drug development team with multiple product approvals

Key Elements of the Merger



Sonus shareholders	~ 37M shares
Issued to OncoGenex shareholders at closing	<u>~ 37M shares</u>
	~ 74M shares
Issued to OncoGenex s/h's and held in escrow ¹	25M shares

- Release of all escrowed shares would result in OncoGenex shareholders holding 62.6% of the combined company
 - One milestone achieved: New board to confirm release of 25% of escrowed shares immediately post closing

¹Escrow milestones are outlined in the Definitive Proxy Statement filed July 3, 2008

- Post-merger Board of Directors will be comprised of six members equally designated from the current boards of Sonus and OncoGenex
- A 7th independent director will be appointed by new Board of Directors
- The Chief Executive Officer and Chief Financial Officer of OncoGenex will assume those roles for the combined entity
- Sonus will change its name to OncoGenex Pharmaceuticals, Inc. and its ticker symbol to OGXI.

Management Team¹

Scott D. Cormack

President & CEO (from OncoGenex)

Steve Anderson, MBA, CA

Chief Financial Officer (from OncoGenex)

Cindy Jacobs, M.D., Ph.D.

Chief Medical Officer (from OncoGenex)

Monica Krieger, Ph.D.

VP, Regulatory Affairs (from OncoGenex)

Elaine Waller, Pharm. D.

SVP, Regulatory/Quality and Clinical Research (from Sonus)

Martin E. Gleave, M.D.

Chief Scientific Officer (from OncoGenex)

Dean Kessler, DABT

VP, Preclinical Development (from Sonus)

Board of Directors

Scott D. Cormack

President and CEO, OncoGenex

Michelle Burris

CFO, Trubion Pharmaceuticals

Neil Clendeninn, M.D., Ph.D.

*Former Exec VP, Head of Clinical Dev
Agouron Pharmaceuticals*

Dwight Winstead

Group President, Clinical Technologies and Services, Cardinal Health

Michael A. Martino

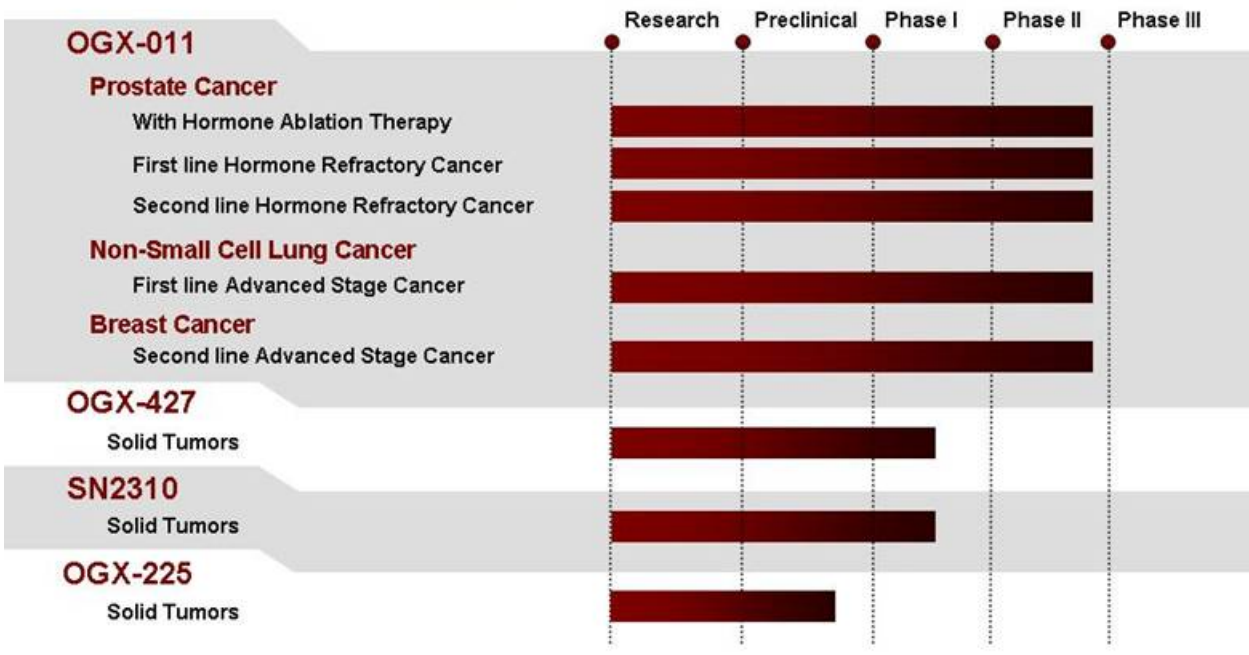
Former CEO, Sonus Pharmaceuticals

Patrick Brady

Vice President, GrowthWorks

7th Member to Be Appointed by Board

¹ Position titles are pre-merger titles; some will change post-merger



Opportunity:	Treatment resistant cancers including prostate, non-small cell lung, breast and various other solid tumors
Target:	Clusterin (cell survival protein)
Mechanism of Action¹:	OGX-011 is designed to reduce the production of Clusterin which facilitates apoptosis by: <ul style="list-style-type: none">• Increasing Bax leading to increased Cytochrome C• Increasing CommD1 & IK-B leading to decreased NF-KB activity• Increasing protein aggregation leading to increased ER stress• Decreasing proteasomal activity
Pre-clinical Data:	OGX-011 facilitates tumor cell death in combination with numerous anticancer therapies
Clinical Status:	5 Phase 2 clinical trials nearing completion; interim data reported for all 5 trials

¹ Assumed mechanism of action

- Clusterin expression is induced by cancer treatment
- Increased clusterin expression leads to broad spectrum treatment resistance and promotes tumor cell survival
- Clusterin associated with treatment resistance in multiple cancers:
 - Prostate, NSCLC, Breast, Ovarian, Bladder, Renal, Pancreatic, Colon, ALCL and Melanoma

Phase 1 Clinical Trials - Completed :

Indication	Treatment	Status
Localized Prostate Cancer	OGX-011 with hormone ablation therapy	25 patients; Trial completed
Solid Tumors	OGX-011 with chemotherapy (docetaxel)	40 patients; Trial completed

Phase 2 Clinical Trials – Follow Up Ongoing:

Indication	Treatment	Status
HRPC	OGX-011 with 2 nd line chemotherapy (docetaxel or mitoxantrone)	67 patients; Fully enrolled
HRPC	1 st line chemotherapy (docetaxel) with and without OGX-011	81 patients; Fully enrolled
Advanced NSCLC	OGX-011 with 1 st line chemotherapy (gemcitabine/cisplatin or carboplatin)	81 patients; Fully enrolled
Localized Prostate Cancer	OGX-011 with hormone ablation therapy	23 patients; Fully enrolled
Advanced Breast Cancer	OGX-011 with 2 nd line chemotherapy (docetaxel)	15 patients; Fully enrolled

Over 300 patients enrolled in OGX-011 clinical trials

Interim results from Phase 2 trials:

- Increased survival duration when OGX-011 added to chemotherapy:
 - 14.7 months vs. ~ 10 months in 2nd Line HRPC (docetaxel)
 - 11.4 months vs. ~ 10 months in 2nd Line HRPC (mitoxantrone)
 - 14.1 months vs. 8 – 10.8 months in 1st Line NSCLC

- Greater pain control (even when compared to 1st Line results):
 - 61% pain reduction in 2nd Line HRPC vs. 35% in 1st Line HRPC (docetaxel)
 - 46% pain reduction in 2nd Line HRPC vs. 22% in 1st Line HRPC (mitoxantrone)

- Decreased treatment failure:
 - 4% vs. 17% progressive measurable disease in 1st Line HRPC randomized trial
 - 2.6% vs. 12.5% PSA progression in 1st Line HRPC randomized trial

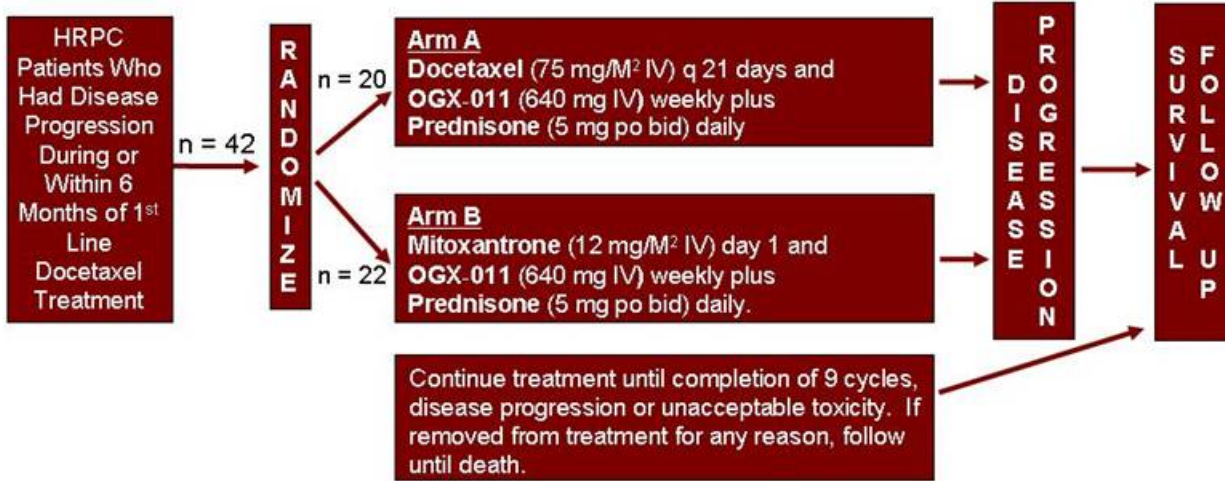
Interim results from Phase 2 trials (continued):

- Increased number of chemotherapy treatment cycles
 - 9 cycles vs. 7 cycles in 1st Line HRPC (docetaxel) randomized trial
 - 8 cycles vs. 4-6 cycles for 2nd Line HRPC (docetaxel) therapy
 - 6 cycles vs. 3-4 cycles in 2nd Line HRPC (mitoxantrone) therapy

- Signs of reversing docetaxel resistance
 - Some patients with PSA progression during 1st line docetaxel therapy had a PSA decrease when retreated with docetaxel + OGX-011 as 2nd Line therapy

- Low serum clusterin shown to be predictive of survival in 2nd Line HRPC
 - Patients with low average serum clusterin during OGX-011 treatment had statistically significant better survival than patients with high average serum clusterin (14.7 months vs. 5.5 months)

Ongoing Phase 2 Study in 2nd Line Prostate Cancer: Study Design (Non-Comparative Study)



- Protocol amended after enrollment completed to add 25 additional patients to Arm A

Phase 2 Study Evaluating OGX-011 Plus Docetaxel or Mitoxantrone in 2nd Line HRPC

Phase 2 Study in 2nd Line Prostate Cancer:

Summary of Selected Data



Improved Survival vs. Historic Controls

	2 nd Line HR Prostate Cancer			2 nd Line HR Prostate Cancer	
	OGX-011 + docetaxel ¹	Docetaxel ²	Docetaxel ³	OGX-011 + Mitoxantrone ¹	Mitoxantrone ²
Median Survival	14.7 mo.	~ 10 mo.	9.6 mo.	11.4 mo.	~ 10 mo.
Number of Treatment Cycles	8 cycles	6 cycles	4 cycles	6 cycles	3-4 cycles

¹ Saad, F. et al, ASCO 2008

² Berthold DR, et al, Survival and PSA Response of Patients in the TAX 327 Study Who Crossed Over to Receive Docetaxel After Mitoxantrone or Vice Versa, Annals of Oncology 2008:1569-8041 (Electronic).

³ Data from Chi et al, ASCO GU 2008

Phase 2 Study in 2nd Line Prostate Cancer:

Summary of Selected Data



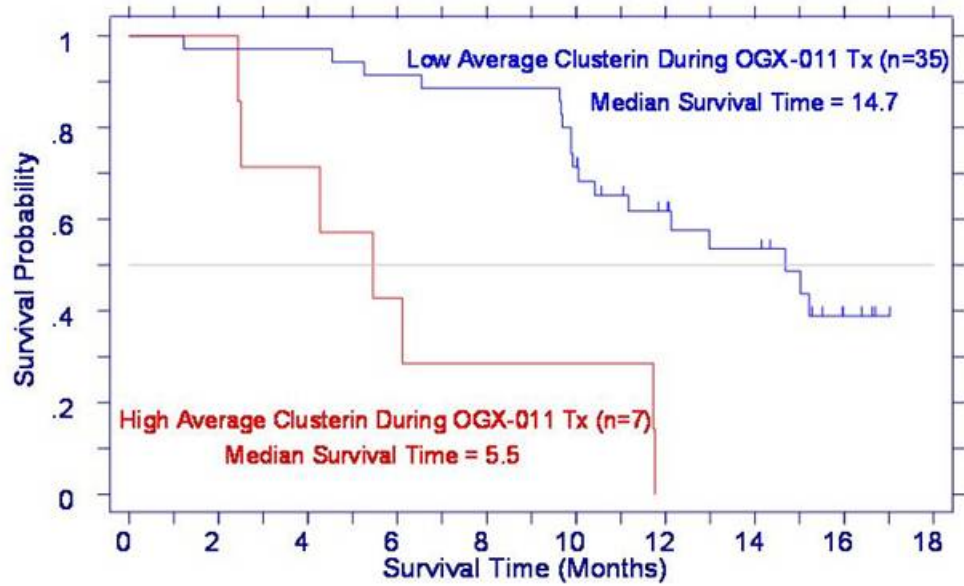
Improved Pain Responses vs. Historic Controls

	OGX-011 + Docetaxel ¹ (2 nd Line)	Docetaxel ² (1st Line)	OGX-011 + Mitoxantrone ¹ (2 nd Line)	Mitoxantrone ² (1st Line)
Pain Response	61%	35%	46%	22%
Duration of Pain Response	6.2 mo.	3.5 mo.	5.8 mo.	4.8 mo.

¹ Saad, F. et al, ASCO 2008

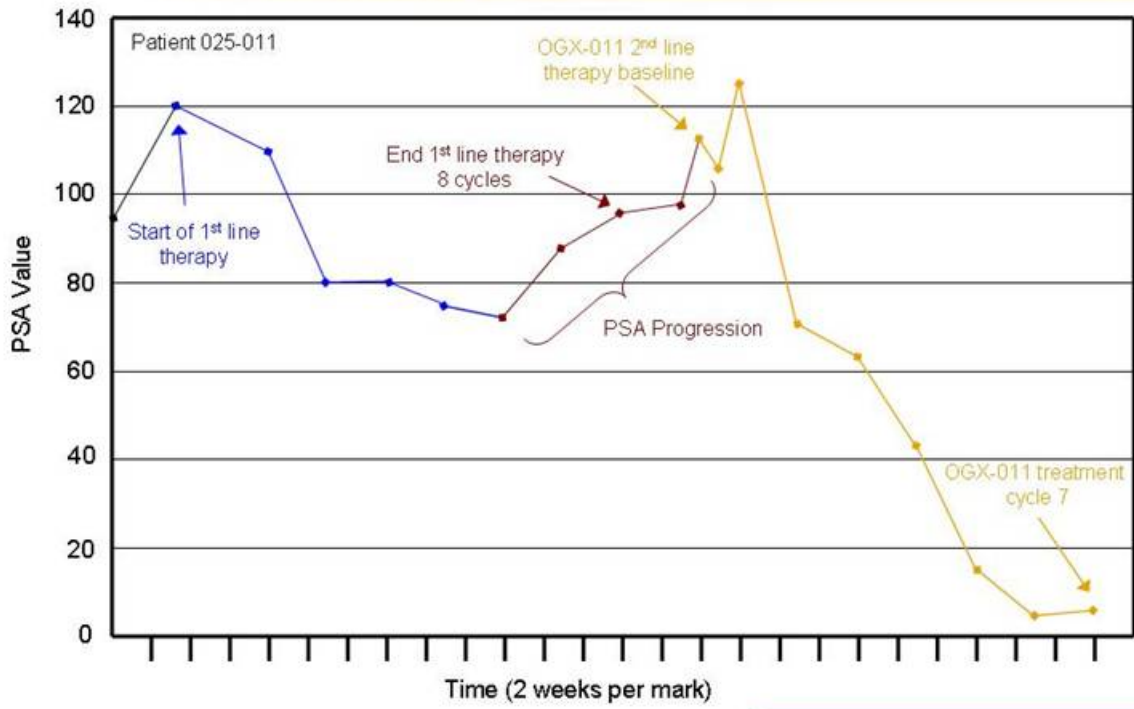
² Tannock IF et al. Docetaxel Plus Prednisone or Mitoxantrone Plus Prednisone for Advanced Prostate Cancer. N Engl J Med 2004;351(15):1502-12.

Phase 2 Study in 2nd Line Prostate Cancer:
Serum Clusterin Levels During OGX-011 Treatment
Predictive of Survival

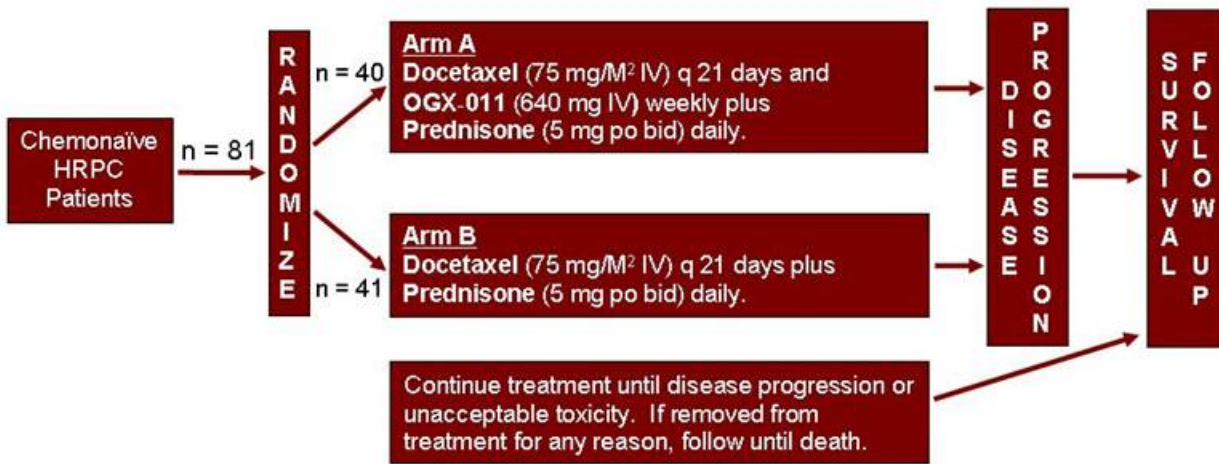


The curves differ significantly (log-rank $p = 0.0001$)

Phase 2 Study in 2nd Line Prostate Cancer: Evidence of Restoring Docetaxel Sensitivity with OGX-011



Phase 2 Study in 1st Line Prostate Cancer: Study Design (randomized)



Phase 2 Study in 1st Line Prostate Cancer: Favors OGX-011 + Docetaxel



	1 st Line HR Prostate Cancer	
	OGX-011 + docetaxel	Docetaxel
Patient Deaths*	12% at 17.4 mo.	29% at 17.7 mo.
Number of Treatment Cycles	9 cycles	7 cycles
Early Discontinuation of Chemotherapy	2.5%	26.8%
Progressive Measurable Disease	4%	17%
Stable Measurable Disease	77%	50%
PSA Progression	2.6%	12.5%

* 79% of patients are still alive

Phase 2 Study in 1st Line NSC Lung Cancer: Study Design



Phase 2 Study in 1st Line NSC Lung Cancer:
Improved Survival with OGX-011 Treatment vs. Historic Controls



	Historical Controls*	With OGX-011 (n=81)
Median Survival	8.0 – 10.8 months	14.1 months

	Results as of May 1, 2008
Median Follow-up	24 months
Number of Patients Alive	25/81 (31%)
Median Progression-Free Survival (range)	4.6 months (0.06-15.6)
Median Overall Survival	14.1 months (0.13-39.7)
Number of Pts Surviving \geq 12 months	54% (43%-64%: 95% CI)
\geq 18 months**	40% (29%-51%: 95% CI)
\geq 2 years**	33% (23%-44%: 95% CI)

* Data from five randomized clinical trials using gemcitabine plus platinum-based chemo in 1st line NSCLC (1,260 patients)

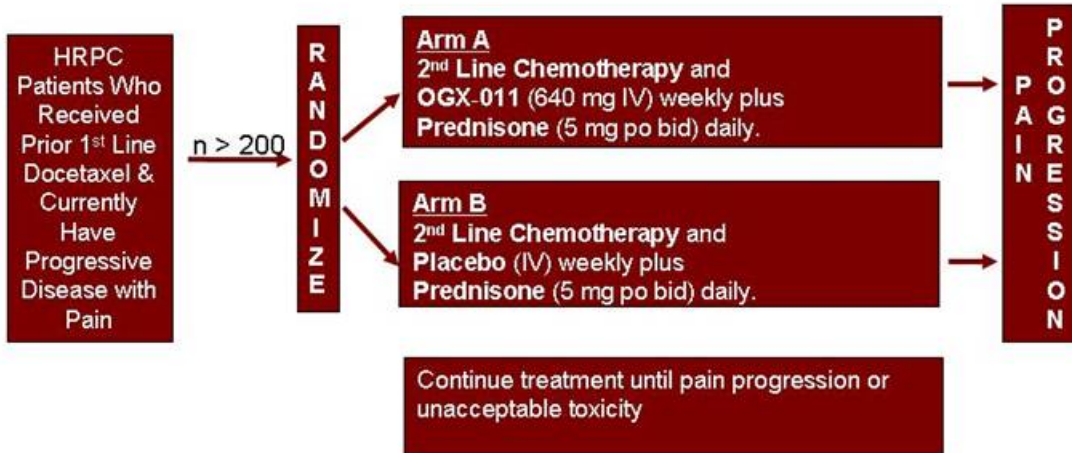
** K-M Estimates

Supportive Registration Study in HR Prostate Cancer:

Clinical Benefit of Adding OGX-011 to 2nd Line Chemotherapy



Study Design



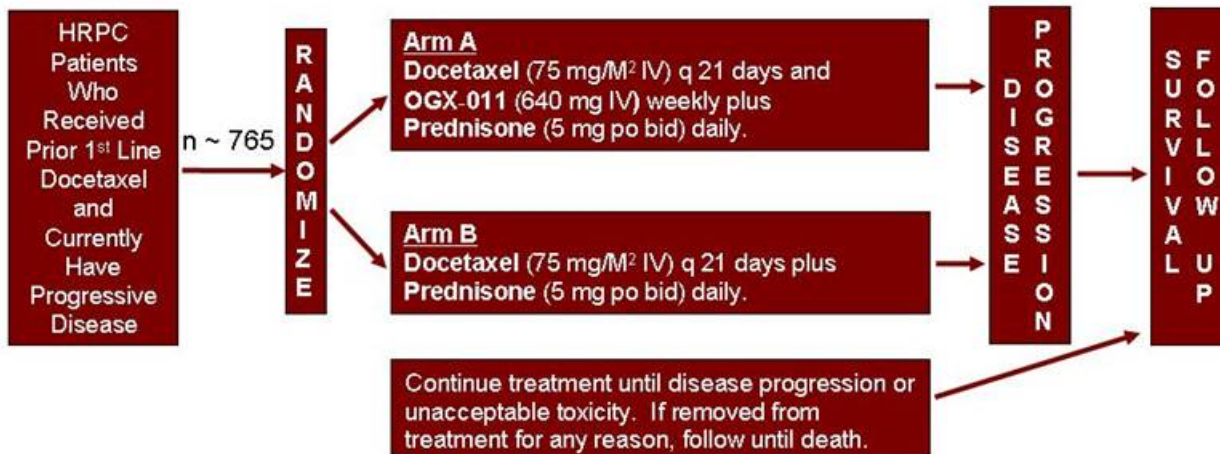
Primary Endpoint = Reduction in pain of 12 week duration

Primary Registration Trial in HR Prostate Cancer:

Clinical Benefit of Adding OGX-011 to 2nd Line Docetaxel
Chemotherapy



Study Design



Primary Endpoint = Overall Survival

- We have recently completed the Special Protocol Assessment with FDA for the primary registration trial which confirms prostate cancer patient population, study design and statistical plan
- Obtain FDA input regarding reduction of pain as a primary endpoint
- Initiate supportive registration trial in 1H 2009
 - Subject to availability of additional capital
- The primary registration trials in each of HRPC and in NSCLC will be initiated when additional capital is available through partnering or financing
 - Timing may follow completion of supportive registration trial

Opportunity:	Treatment resistant cancers including prostate, breast, lung, ovarian, bladder, pancreas, multiple myeloma, and others
Target:	Heat shock protein 27 (Hsp27)
Mechanism of Action¹:	OGX-427 is designed to reduce the levels of Hsp27 which facilitates apoptosis by: <ul style="list-style-type: none">• Increasing Bax leading to increased Cytochrome C• Increasing IK-B leading to decreased NF-KB• Increasing protein aggregation leading to increased ER stress• Decreasing IGF-1 and IL-6 signal transduction• Increasing FasL mediated cell death• Decreasing Androgen receptor activity
Pre-clinical Data:	Induces tumor cell death as monotherapy or in combination <ul style="list-style-type: none">• Delays tumor progression in multiple cancers• Enhances anti-cancer activity with multiple chemotherapy agents
Clinical Status:	Phase 1 clinical trial ongoing

¹ Assumed mechanism of action

- Evaluating OGX-427 as a monotherapy in dose-escalation design
 - Objective to determine safety profile and recommended dose for Phase 2 studies
 - Evaluating ~30 patients over 5 different cohorts
- Evaluating OGX-427 in combination with taxane chemotherapy
 - Objective to determine recommended dose for Phase 2 studies
 - Evaluating ~12 patients over 2 cohorts
- 3 dose cohorts have completed safety evaluation
- Maximum tolerated dose has not yet been reached

Phase 1 Data Expected 1H 2009; Plan to Initiate Phase 2 2H 2009¹

Opportunity:	Cancers for which camptothecins have shown activity including colorectal, breast, lymphoma, ovarian, etc.
Target:	Topoisomerase-1
Mechanism of Action¹:	SN2310 is a prodrug of SN38; Designed to improve conversion and delivery of SN38 <ul style="list-style-type: none">• Reversibly binds to Topoisomerase-1 causing breaks in the DNA strands during replication resulting in cell death
Pre-clinical Data:	Delays tumor growth in multiple tumor models Prolonged tumor exposure to SN38
Clinical Status:	Phase 1 clinical trial ongoing

- Evaluating SN2310 as a monotherapy in dose-escalation design
 - Objective to determine safety profile and recommended dose for Phase 2 studies
- 4 dose cohorts have completed safety evaluation
- Maximum tolerated dose has not yet been reached

Phase 1 Data Expected 1H 2009; Plan to Initiate Phase 2 in 2H 2009¹

¹ Subject to availability of capital

Opportunity: Treatment-resistant cancers including breast, prostate, glioma, lung, and bladder cancers

Mechanism of Action¹: Designed to reduce levels of IGFBP-2 and IGFBP-5 which facilitates apoptosis by:

- Decreasing tumors' access to the growth factor, insulin-like growth factor-1.

Target: One drug targets two proteins: IGFBP-2 and IGFBP-5

Pre-clinical Data: Delays tumor progression of tumors dependent upon IGF-1 (prostate, breast, non-small cell lung)

Lead Compound Identified and Pharmacology Completed

— ~ \$26M in cash and short term investments at the end of Q2 2008

— Sufficient cash to achieve near-term development milestones:

- √ Interim results for Phase 2 clinical trial with OGX-011 in 2nd Line HRPC 1H 2008
- √ Interim results for Phase 2 clinical trial with OGX-011 in localized prostate cancer 1H 2008
- Complete merger transaction and secure NASDAQ Listing 2H 2008
- √ Complete SPA for primary registration trial of OGX-011 in 2nd Line HRPC 2H 2008
- Obtain FDA input for additional registration trial of OGX-011 in 2nd Line HRPC 2H 2008
- Survival data for Phase 2 clinical trial with OGX-011 in 1st Line HRPC 2H 2008
- Determine MTD for SN2310 1H 2009
- Determine MTD for OGX-427 as monotherapy 1H 2009

- Additional financing will be required to extend the company's runway to enable achievement of long-term milestones
- Proceeds from any future financing anticipated to be used for:
 - A supportive registration clinical trial for OGX-011
 - A randomized Phase 2 clinical trial for OGX-427
 - A randomized Phase 2 clinical trial for SN 2310

Proposed Timeline for Closing of Merger



- July 9, 2008: Definitive proxy statement mailed to Sonus shareholders
- August 11, 2008: OncoGenex shareholder meeting to approve merger
- August 19, 2008: Sonus shareholder meeting to approve merger
- August 20, 2008: Closing
- August 21, 2008: First day of trading as OncoGenex Pharmaceuticals, Inc. (“OGXI”)

**The Board of Directors and Management of Sonus Recommend You
Vote in Favor of All Resolutions Proposed for August 19 Shareholders' Meeting**

- A late-stage oncology company with lead product candidate focused on treatment-resistance
- Four unique product candidates approaching important development milestones:
 - Lead product candidate in 5 Phase 2 clinical trials with plans to transition to supportive registration trial
 - Two product candidates in Phase 1 with plans to transition to Phase 2
 - One pre-clinical product candidate with future plans to transition to Phase 1
- Cash to support near term development milestones
- Experienced management with track record of product approvals

Additional Information: www.oncogenex.ca or www.sonuspharma.com

In connection with the proposed merger, Sonus filed with the SEC a Proxy Statement and related materials on July 3, 2008 containing information about Sonus, OncoGenex and the proposed merger. Sonus mailed the Proxy Statement to its stockholders on or about July 9, 2008. INVESTORS AND SECURITY HOLDERS ARE URGED TO READ THE PROXY STATEMENT AND THE OTHER RELEVANT MATERIALS, CAREFULLY AND IN THEIR ENTIRETY BECAUSE THEY CONTAIN IMPORTANT INFORMATION ABOUT SONUS, ONCOGENEX AND THE PROPOSED MERGER.

Sonus and OncoGenex, and certain of their directors, executive officers and other members of management and employees may be deemed to be participants in the solicitation of proxies in connection with the proposed transaction. Information about the directors and executive officers of Sonus, including their respective security holdings, is set forth in Sonus' Amendment No. 1 to Form 10-K for the fiscal year ended December 31, 2007, filed with the SEC on April 29, 2008, and the Proxy Statement filed with the SEC on July 3, 2008. As of June 30, 2008, OncoGenex' directors and executive officers beneficially owned approximately 1,755,000 shares, or 14.5%, of OncoGenex' capital stock. Investors may obtain additional information regarding the interests of OncoGenex, Sonus and their respective executive officers and directors in the merger by reading the Proxy Statement for such proposed transaction.

The Proxy Statement and other relevant materials, and any other documents filed by Sonus with the SEC, may be obtained free of charge at the SEC's web site at www.sec.gov. In addition, investors and security holders may obtain free copies of the documents filed with the SEC by Sonus by directing a request to: Sonus Pharmaceuticals, Inc., 1522 217th Place SE, Suite 100, Bothell, WA 98021, Phone (425) 686-1500, Fax (425) 686-1600, Attention: Investor Relations.

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