| FORM | 4 |
|------|---|
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| Check this box | if no |
|-------------------|--------|
| longer subject to | 0 |
| Section 16. For | m 4 or |
| Form 5 obligati | ons |
| may continue. S | lee |
| Instruction 1(b) | |
| | |

(Print or Type Personage)

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Trint of Type Responses) | | | | | | | | | | | | |
|--|--------------------------------|--|--|--------------|-------|--|---------------|--------|---|-------------------------------------|-------------------------|--|
| 1. Name and Address of I IVY ROBERT E | 2. Issuer Name and SONUS PHARM | | | 0, | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) 22026 20TH AVE. S | (First) E | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2005 | | | | | | Officer (give title below)Oth | ner (specify below | w) | |
| (Street) BOTHELL, WA 98021 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | Table I - No | on-De | erivative S | Securitie | s Acqu | ired, Disposed of, or Beneficially Own | ed | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership of India Form: Benefic | Beneficial Ownership | |
| | | | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (Instr. 4) | |

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|--|------------|--|------|---|--|--|-------------|--------------------|--------------------------------------|--|---|------------|------------|--|
| | Conversion | | | Code | | of Derivative Expiration Date Securities (Month/Day/Year) | | | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial | | |
| | | | | Code | V | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Non- qualified stock option (right to buy) | \$ 2.87 | 05/23/2005 | | A | | 10,000 | | 05/23/2005 | 05/23/2015 | Common Stock | 10,000 | \$ 0 | 10,000 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| IVY ROBERT E 22026 20TH AVE. SE BOTHELL, WA 98021 | Х | | | | | | | |

Signatures

By: Alan Fuhrman, as Attorney-in-Fact For: Robert Ivy, Reporting Person /s/ Alan Fuhrman

05/24/2005 Date

Signature of Reporting Person

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.