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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
hours per response	9 0.5				

hours per response.

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### 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

(Print or Typ	e Responses)														
1. Name and Address of Reporting Person * Fuhrman Alan  (Last) (First) (Middle) SONUS PHARMACEUTICALS, INC., 22026 20TH AVE. SE			2. Issuer Name and Ticker or Trading Symbol SONUS PHARMACEUTICALS INC [SNUS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) Senior Vice President & CFO					
			3. Date of Earliest Transaction (Month/Day/Year) 12/29/2006					X_0							
POTHEL	I WA 000	(Street)		4. If Am	end	ment, Dat	e Ori	ginal Filed(Month/D	ay/Year)	_X_ Forr	n filed by On	oint/Group le Reporting Pe re than One Re		blicable Line)	
(City	L, WA 980	(State)	(Zip)				Tabl	le I - Non-Derivat	ive Securities	Acquired, Di	isposed of	or Benefic	cially Owned		
1.Title of Se (Instr. 3)	curity		2. Transaction Date (Month/Day/Yea	r) any	ition	ned Date, if	3. Tr Code (Inst	ransaction 4. Se	curities Acquire or Disposed of ( : 3, 4 and 5)	ed 5. Amo	unt of Sec Following etion(s)	urities Beneg Reported	eficially 6	Ownership orm: Direct (D) or Indirect	Beneficial Ownership
Reminder: R	eport on a se	parate line for each of						Persons w this form a currently v	ho respond to re not require alid OMB cor	ed to respo ntrol numbe	nd unles			n SEC 1	474 (9-02)
		1		(e.g., p		calls, wa	rran	equired, Disposed ts, options, conve	rtible securitie	s)					
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/Year)	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownersh Form of Derivativ Security: Direct (E or Indirect)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fuhrman Alan SONUS PHARMACEUTICALS, INC. 22026 20TH AVE. SE BOTHELL, WA 98021			Senior Vice President & CFO			

## **Signatures**

/s/ Alan Fuhrman	01/03/2007
**Signature of Reporting Person	Date

# **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).

(1) 25% of options become exercisable on the first anniversary of the date of grant and the remainder vest over the next three succeeding years in equal monthly installments.

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.