FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | 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

| 1. Name and Address of Reporting Person* DEASEY ANTHONY P | | | | 2. Issuer Name and Ticker or Trading Symbol CELSION CORP CLN | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--------|-------------------------------|--|---|--|--|--------------|--|--------|---|---|---|--|------------|--|--|-----|
| DEASE | Y ANII | IONY P | | - | | 1011 | OIL | _ [CLIV . | ı | | | | X Director | r | | 10% Ow | ner |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | - | X Officer below) | | Other (specify below) | | | | |
| 10220-L OLD COLUMBIA RD. | | | 0 | 02/22/2005 | | | | | | | Chief Financial Officer | | | | | | |
| (Street) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| COLUM | BIA M | D | 21046 | | | | | | | | | | X Form fi | led by One | Repo | rting Person | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | Form fi Person | | e than | One Report | ng |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | . Transacti ate Month/Day/ | Execution Date | | Date, | Code (Instr. | | | | | 5. Amoun Securities Beneficia Owned Fo | es For ally (D) Following (I) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | , | Amount | (A) o (D) | r Price | | Reported Transaction(s) (Instr. 3 and 4) | | 10 | nstr. 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) 2. Conversion or Exercise Price of Derivative Security | | Date E (Month/Day/Year) if | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Options | \$0.46 | 02/22/2005 | | A | | 100,000 | | (1) | 02 | 2/22/2015 | common stock | 100,000 | \$0 | 1,820,0 | 00 | D | |

Explanation of Responses:

1. These options will vest in three equal installments on Feb. 22, 2006, 2007, and 2008.

Anthony P. Deasey

** Signature of Reporting Person Date

02/24/2005

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.