FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## **3** ,

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

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

Stock		02/22/2005		(	Code	v	(A) 55,000		Date Exercisable	Da	piration te /22/2015	Title	or Number of Shares	\$0	216,000	D	
								l					Amount	1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	ate, Transacti Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		٦							iired, Dis					y Owned			
									Code	·	Amount (A) or (D)		r Price	Transac	Transaction(s) (Instr. 3 and 4)		(111501.4)
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	A. Deemed xecution Date, any Month/Day/Year		Transaction Disposed Code (Instr. 5)			ties Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefici	s Forn ally (D) o following (I) (Ir	. Ownership orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Tab	le I - Nor	n-Deriv	ative	e Sec	curities	Acc	quired, D	ispo	osed o	f, or Be	neficia	Ily Owned	ŀ		
(City)	(S	tate)	(Zip)											Perso	n		
(Street) COLUMBIA MD			21046											Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting			
10220-L OLD COLUMBIA RD						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable			
(Last) (First) (Middle) 10220-L OLD COLUMBIA RD						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2005								Office below	(give title	Other ( below)	specify
TIHON CLAUDE						CELSION CORP [ CLN ]								X Direct	,	10% O	wner
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			

## Explanation of Responses:

1. These options vest in three equal installments on Feb. 22, 2005, and Jan. 1 2006, and 2007.

Claude Tihon

02/24/2005

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.