F	0	R	Μ	4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

(Third of Type Responses)												
1. Name and Address of FERRIS STEVEN I	2. Issuer Name and Ticker or Trading Symbol OXIS INTERNATIONAL INC [OTTCBB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) NYU - DEPT OF P FIRST AVE	3. Date of Earliest T 04/26/2004	ransaction (Mont	th/Day/Ye	ear)		Officer (give title below) Other (specify below)					
NEW YORK, NY 1		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)	(Zip)	Т	able I - Nor	1-Dei	rivative S	ecuritie	s Acqu	ired, Disposed of, or Beneficially Ow	ned			
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect	
(Month/Day/Year			any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership		
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

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

Persons who respond to the collection of information SEC 1474 (9-02) contained 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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	ion	n of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Der	Derivative (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Sec	ecurities		Securities (Instr. 5		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative								(Instr. 3 and 4)			2	(Instr. 4)		
	Security					(A) or						0	Direct (D)		
					Disposed of						1	or Indirect			
					(D)					Transaction(s)	· /				
					(Instr. 3, 4, and 5)							(Instr. 4)	(Instr. 4)		
						and 5)									
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date	Inte	of				
				Code	v	(A)	(D)				Shares				
9				coue	v	(11)	(D)			a					
Common	\$ 0.69	04/26/2004		А			35.000	04/26/2004	04/25/2014	Common Stock	30,000	\$ 0.69	30.000	D	
Stock	• • • • • • •									Stock		• • • • • •	,		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FERRIS STEVEN H NYU - DEPT OF PSYCHIATRY, THN - 310 550 FIRST AVE NEW YORK, NY 10016	х					

Signatures

Steven H. Ferris	04/26/2004	
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).

Remarks:

2003 Stock Incentive Plan.

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.