

SIGMA TAU FINANZIARIA SPA  
 Form 3  
 December 03, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
SIGMA TAU FINANZIARIA SPA			(Month/Day/Year)	DOR BIOPHARMA INC [DORB]	
(Last)	(First)	(Middle)	11/26/2008		
VIA SUDAFRICA, 20, ROME, L6 00144			4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner	<input type="checkbox"/> Form filed by One Reporting Person
			<input type="checkbox"/> Officer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	(give title below)		(specify below)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	16,666,667	I	Indirect <sup>(1)</sup>

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
---------------------	--------------------	----------------------------------	----------------------------------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SIGMA TAU FINANZIARIA SPA VIA SUDAFRICA, 20 ROME, L6 00144	^	^ X	^	^
SIGMA TAU INTERNATIONAL SA 19-21 BLVD. DU PRINCE HENRI N4 L-1724	^	^ X	^	^
Sigma-Tau America S.A. 19-21 BLVD. DU PRINCE HENRI N4 L-1724	^	^ X	^	^
Sigma-Tau Pharmaceuticals, Inc. 800 S. FREDERICK AVE. SUITE 300 GAITHERSBURG, MD 20877	^	^ X	^	^

## Signatures

/s/ Maurizio Terenzi, Proxy-holder  
authorized 12/03/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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).

Shares directly owned by Sigma-Tau Pharmaceuticals, Inc. (?Pharmaceuticals?). Pharmaceuticals is a direct wholly-owned subsidiary of  
(1) Sigma-Tau America S.A. (?America?). America is a direct wholly-owned subsidiary of Sigma-Tau International S.A. (?International?).  
International is a direct wholly-owned subsidiary of Sigma-Tau Finanziaria S.p.A.

^

### Remarks:

Exhibit List

Exhibit 99 - Joint Filer Information

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.