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 <u>*</u> GUETH ANTON			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol SPECTRUM PHARMACEUTICALS INC [SPPI]				
(Last)	(First)	(Middle)	03/27/2012	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
11500 S. EA	ASTERN						•	
AVE., SUITE 240				(Check all applicable)				
(Street) HENDERSON, NV 89052			X Director			Owner	6. Individual or Joint/Group	
				OfficerOther (give title below) (specify below)		•	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
							Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I -	Non-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	•	
Common St	tock \$.001 P	Par Value	1,000		D	Â		
Reminder: Rep owned directly	-	ate line for ea	ch class of securities benefic	cially S	EC 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	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security (Instr. 4)	or Exercise Price of	Form of Derivative	(Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

3235-0104

January 31,

2005

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Expires:

response...

Estimated average burden hours per

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

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director 10% Owner		Officer Other		
GUETH ANTON 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052	ÂX	Â	Â	Â	
Signatures					
/s/ Brett L. Scott, attorney-in-fact for Anton Gueth 04/02)2/2012	
**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).

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.