STATEMENT OF OWNERSHIP, MA Required by 39		ATION
1A. TITLE OF PUBLICATION	18, PUBLICATION N	O. 2. DATE OF FILING
Pharmacological Reviews	0 0 3 1 6 9	9 7 10/1/83
R. FREQUENCY OF ISSUE Quarterly	JA. NO. OF ISSUES PUBLISH ANNUALLY	HED 38. ANNUAL SUBSCRIPTION PRICE \$35.00
COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION 428 East Preston Street, Baltimore, Maryland		ode) (Not printers)
6. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OF GENERA 428 East Preston Street, Baltimore, Maryland		LISHER (Not printer)
S. FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EC	DITOR, AND MANAGING EDITOR (	This isem MUST NOT be blank)
PUBLISHER (Name and Complete Mailing Address) Williams & Wilkins Co., 428 East Preston Stree	t, Baltimore, MD 21202	
EDITOR (Name and Complete Mailing Address)		
James A. Bain, Ph.D., School of Medicine, Emor		
MANAGING EDITOR (Name and Complete Mailing Address)	Atlanta,	GA 30322
owning or holding I percent or more of total smount of stock. If not owner be given. If owned by a partnership or other unincorporated firm, its name ston is published by a nonprofit organization, its name and address must be FULL NAME	COMPLETE MA	vidual must be given. If the publica-
American Society for Pharmacology and Experimental Therapeutics	9650 Rockville Pike BEthesda, MD 20814	
and experimental inerapedates	pachesda, no 20014	
B. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HO AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there	OLDERS OWNING OR HOLDING 1 PI	ERCENT OR MORE OF TOTAL
AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there FULL NAME		
None	COMPLETE MAILING ADDRESS	
FOR COMPLETION SY NONPROFIT ORGANIZATIONS AUTHORIZED     The purpose, function, and nonprofit status of this organization and the exe	TO MAIL AT SPECIAL RATES (Secrement status for Federal income tax pur	ion 423.12 DMM only) posm (Check one)
HAS NOT CHANGED DURING HAS CHANGED DU PRECEDING 12 MONTHS PRECEDING 12 MONTHS	NTHS change with	publisher must submit explanation of this statement.)
10. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUE DURING PRECEDING 12 MONTHS	ACTUAL NO. COPIES OF SINGL ISSUE PUBLISHED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	3600	3900
PAID CIRCULATION     Sales through dealers and carriers, street vendors and counter sales	NONE	NONE
2. Mail Subscription	3122	3257
C. TOTAL PAID CIRCULATION (Sum of 1081 and 1082)	3122	3257
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	45	29
E. TOTAL DISTRIBUTION (Sum of C and D)	3167	3286
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	433	614
2. Return from News Agents	NONE	NONE
G. TOTAL (Sum of E, F1 and 2-should equal net press run shown in A)	3600	3900
I certify that the statements made by me above are correct and complete	TITLE OF EDITOR PUBLISHED	

PS Form 3526 July 1982 3526

(See instruction on reverse,