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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 02/12/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson L.L.P.

Address 555 Thirteenth Street N.W.

City Washington

State DC

Zip 20004-1109

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) USA

5. Telephone number and contact name

202-637-5926

Contact Hahn, Martin J.

E-mail (optional) mjhahn@

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should ch*
labeled "Self" and proceed to line 10. *Self*

7. Client name Sigma-Tau Pharmaceuticals, Inc.

Address 800 S. Frederick Avenue

City Gaithersburg

State MD

Zip 20877

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) USA

9. General description of client's business or activities

Pharmaceuticals

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any p
this section has served as a "covered executive branch official" or "covered legislative branch official" within tw
acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applic
Dunst, Isabel P.	
Hahn, Martin J.	
Kurz, Raymond A.	

Form LD-1 (Rev. 06/98)

Registrant Name Hogan & Hartson L.L.P.

Client Name Sigma-Tau Pharmaceuticals, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1 PHA

12. Specific lobbying issues (current and anticipated)

Orphan drug exclusivity

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text"/>

FOREIGN ENTITIES

14. Is there any foreign entity that:

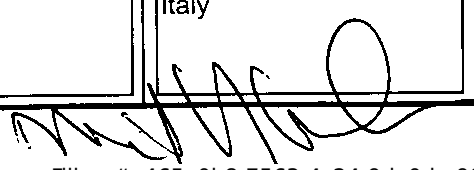
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in 1 of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for e: matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
Sigma-Tau S.p.A.	Via Pontina Km 30,400 00040 Pomezia, Roma Italy	City: <input type="text" value="Rome"/> State: <input type="text"/> Country: <input type="text" value="Italy"/>	50%

Signature



Date: 02/12/2003

Signature _____ Date _____

Printed Name and Title Hahn, Martin J. Partner

Form LD-1 (Rev. 06/98)