FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

| 1. Name an | | | | | | | | | | | | | | |
|---|----------------------|--|---|--|---------------------------------|--|--|--|--|---------------------------|-------------------------|--|--|--|
| 1. Name and Address of Reporting Person* SCHAUM ROUNSEVELLE W | | | 2. Issuer Name and Ticker or Trading Symbol QUIGLEY CORP [QGLY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | |
| (Last) (First) (Middle) 294 VALLEY ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2003 | | | | | | Office | r (give title belo | w) | Other (specify b | pelow) | |
| (Street) MIDDLETOWN, RI 02842 | | | | 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 | | (State) | (Zip) | Ta | ıble I - No | ı-Der | ivative S | ecuritie | s Acqui | ired, Dispo | sed of, or I | Beneficially (| Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | 3. Transaction | | | | of (D) | Beneficially Owned Following Reported Transaction(s) | | following (s) | 6. Ownership Form: | Beneficial | |
| | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common value per | Stock, \$.0 share | 0005 par | 08/15/2003 | | S | | 2,000 | D | \$ 7.9 | 15,987 | | | D | |
| Common Stock, \$.0005 par value per share | | 08/18/2003 | | S | | 3,500 D | | \$ 8.035 | 12,487 | | D | | | |
| Reminder: | Report on a s | separate line fo | or each class of secu | rities beneficially ov | wned direct | ly or | indirectly | | 8.033 | | | | | |
| Reminder: | Report on a s | separate line fo | Table II - | Derivative Securiti | ies Acquir | Pers cont the f | sons who tained in form dis | respo this fo plays a | ond to to to make a current of the c | not requesting ntly valid | | ormation spond unle rrol numbe | ss | 1474 (9-02) |
| 1. Title of | • | 3. Transactio | Table II - n 3A. Deemed Execution Day Year) any | Derivative Securiti (e.g., puts, calls, wa 4. tte, if Transaction Code Year) (Instr. 8) | ies Acquir arrants, op 5. | Personnt the fed, Do tions 6. Do and (Mo | sons who tained in form dis isposed o , converti ate Exerc Expiratio onth/Day/\(\frac{1}{2}\) | o respo this fo plays a f, or Be ible secu isable n Date | neficial urities) 7. Ti Amo Und Secu (Inst 4) | not requesting ntly valid | omB cont 8. Price of | pond unle | of 10. Ownersi Form of Derivati Security Direct (i | 11. Nature of Indire Beneficion ve Owners! (Instr. 4 |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| SCHAUM ROUNSEVELLE W 294 VALLEY ROAD MIDDLETOWN, RI 02842 | X | | | | | |

Signatures

| By: /s/ Rounsevelle W. Schaum | 08/21/2003 |
|---------------------------------|------------|
| **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:

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.