FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C | . 20549 |  |  |  |  |
|------------|---------|--|--|--|--|
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|   | OMB APPRO              | VAL       |
|---|------------------------|-----------|
|   | OMB Number:            | 3235-0287 |
| l | Estimated average burd | en        |
| l | hours per response:    | 0.5       |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|   |   |             |           |                |  |  | . ,  |   |                  |      | <u>'                                    </u>  |          |   |  |   |  |   |  |  |            |  |
|---|---|-------------|-----------|----------------|--|--|--|---|------------------|------|---|----------|---|--|---|--|---|--|--|------------|--|
| Name and Address of Reporting Person*   |   |             |           |                | 2. Issuer Name and Ticker or Trading Symbol BIOSANTE PHARMACEUTICALS INC [ |  |  |   |                  |      |   |          | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |  |   |  |  |            |  |
| <u>SULLIVAN LOUIS W</u>   |   |             |           |                |  |  |  |   |                  |      |   |          | ١.  | X  | Direc   | tor  |   | 10% C  | wner   |            |  |
| (Last) (First) (Middle)   |   |             |           | DF             | BPAX ]   |  |  |   |                  |      |   |          |   |  | Office  |  |   | Other below)   | (specify   |            |  |
| (Last)  | ,   | ,           | ,         |                | 3. D   | 3. Date of Earliest Transaction (Month/Day/Year)         |  |   |                  |      |   |          |   |  |   | 20.01  | •,  |  | 50.011)  |            |  |
| C/O BIO   | SANTE PH  | IARMACEUTIC | CALS, IN  | C.             | 08/15/2011   |  |  |   |                  |      |   |          |   |  |   |  |   |  |  |            |  |
| 111 BAR   | CLAY BO   | JLEVARD     |           |                |  |  |  |   |                  |      |   |          |   |  |   |  |   |  |  |            |  |
|   |   |             |           |                | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |                  |      |   |          |   |  | 6. Individual or Joint/Group Filing (Check Applicable |  |   |  |  |            |  |
| (Street)  |   |             |           |                |  |  |  |   |                  |      |   |          |   |  | Line)   |  |   |  |  |            |  |
|   | NSHIRE II   |             | 50069     |                |  |  |  |   |                  |      |   |          |   |  | X Form filed by One Reporting Person                  |  |   |  |  |            |  |
| ,   |   |             |           |                |  |  |  |   |                  |      |   |          |   |  | Form filed by More than One Reporting<br>Person       |  |   |  |  |            |  |
| (City)  | (St   | ate) (      | Zip)      |                |  |  |  |   |                  |      |   |          |   |  |   |  |   |  |  |            |  |
|   |   | Tabl        | e I - Non | n-Deriva       | ative  | Se   | curitie  | s Acq   | uired,           | Dis  | posed o   | f, oı    | r Ben   | eficia   | ally C  | )wne   | ed  |  |  |            |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                           |   |             |           | Day/Year) if a |  | Execution f any  | A. Deemed<br>xecution Date,<br>any<br>//onth/Day/Year) |   |                  |      | ties Acquired (A)<br>I Of (D) (Instr. 3,  |          |   | nd S   | Owned Following                                       |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |            |  |
|   |   |             |           |                |  |  |  |   | Code             | v    | Amount  |          | (A) or<br>(D)   | Price  | , l   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |  |  | (Instr. 4) |  |
| Common Stock 08/15/   |   |             |           |                | 5/2011   |  |  |   | P                |      | 10,000  | 10,000 A |   | \$2.   | 67  | 47,898   |   |  | D  |            |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned |             |           |                |  |  |  |   |                  |      |   |          |   |  |   |  |   |  |  |            |  |
|   |   |             | (6        | e.g., pu       | ıts, c   | alls   | , warr   | ants,   | option           | s, c | onvertib  | le s     | ecuri   | ties)  |   |  |   |  |  |            |  |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |   |             |           |                | ransaction of ode (Instr. Derivative                                       |  | ative<br>rities<br>ired<br>sed                         | 6. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |                  | е    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |          | str. 3  | 8. Price<br>Derivati<br>Security<br>(Instr. 5) |   | tive derivative<br>ty Securities               |   | wnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |
|   |   |             |           |                | Code   | v  | (A)  |   | Date<br>Exercisa |      | Expiration<br>Date  | Title    | or<br>Nur<br>of   | ount<br>nber<br>ires                           |   |  |   |  |  |            |  |

**Explanation of Responses:** 

/s/ Phillip B. Donenberg, attorney-in-fact

08/29/2011

\*\* Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.