FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average l | hurdon | | | | | | | | |

0.5

hours per response:

| 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

| | | | | | | | | | | | | | - | | | | | | | | | |
|--|---|--|--|---------|---|--|---------|----------------|--|----------|--|---|-------|--------------|---|---|---|---|--|----------|--|--|
| 1. 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) | | | | | | |
| HOLUBOW FRED | | | | | bpa] | | | | | | | | | X | Direc | ctor | | 10% O | wner | | | |
| 4.0 | | | | | Ļ. | -1-1 | | | | | | | | | | Officer (give title below) | | | Other (below) | (specify | | |
| (Last) (First) (Middle) 1844 HUDSON | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2003 | | | | | | | | | | БСЮ | ••) | | below) | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| CHICAG | O IL | (| 50614 | | | | | | | | | | | | X | | n filed by One | • | Ü | | | |
| (City) | (St | rate) (| Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally | Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Di | | Disposed | Securities Acquired (A sposed Of (D) (Instr. 3, | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transa | ransaction(s) nstr. 3 and 4) | | | (111511.4) | | | |
| Common Stock 11/07/ | | | | 7/2003 | 3 | | | | | 113(1 |) | A | | 57,36 | | 7,367 | | D | | | | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | 4. Fransaction Code (Instr. 3) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | - [| Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | nber ires | | | | | | | | |

Explanation of Responses:

- 1. Mr. Holubow acquired these shares as a stock award for director compensation granted under BioSante Pharmaceutical's Amended and Restated 1998 Stock Plan.
- 2. Not applicable.

/s/ Fred Holubow, by Phillip B. 11/10/2003 Donenberg, attorney-in-fact

** Signature of Reporting Person

Date

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.