Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**BENEFICIAL OWNERSHIP** 

STATEMENT	OF	CHANGES	IN

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     RAYNOR DANIEL					BI	2. Issuer Name and Ticker or Trading Symbol BIOSANTE PHARMACEUTICALS INC [ BPAX ]									ck all applic	able) r	g Pers	son(s) to Iss 10% Ov	vner	
(Last)	(F	irst)	(Middle)		$\vdash$									4	Officer below)	(give title		Other (s below)	specify	
C/O BIOSANTE PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/12/2013														
210 MA	IN STREET	ΓWEST			<u> </u>													/=· · ·		
					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)  BAUDE	TTE M	IN	56623											7		•		orting Perso		
													Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, I	Dis	posed o	f, or B	ene	ficially	y Owned					
1. Title of Security (Instr. 3)  2. Transc Date (Month/E				Exec Day/Year) if an		2A. Deemed Execution Date, f any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4		A) or B, 4 and	5. Amour Securities Beneficial Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	ount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		-	Table II - I (						uired, Di , option						Owned	,				
1. Title of Derivative Security (Instr. 3)  2. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	ate, T	I. Fransa Code (I				6. Date Exe Expiration (Month/Da	Date	:	of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)		Date Exercisabl		Expiration Date	Title	or Nu of	ımber						
Option to Purchase	\$1.06	07/12/2013			A		20,000		(1)	C	07/11/2023	Common	<sup>1</sup> 20	0,000	\$0	20,000	)	D		

## **Explanation of Responses:**

1. Option vests over a four year period beginning on the first anniversary of the grant date.

/s/ Roland S. Chase, as attorney 07/16/2013 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.