FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

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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).

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* MORGENSTERN VICTOR A | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOSANTE PHARMACEUTICALS INC [bpa] | | | | | | | | 5. Relationship of Reportii (Check all applicable) X Director Officer (give title | | | 10% Owner | | ner |
|--|---|--|---|---------|--|--|-----------|-----------------------------------|------------------------------|---------------------------------------|--------------------|--|---|--|--|--|-------------------------------------|----------------------------------|--|
| (Last) (First) (Middle) 225 W. WASHINGTON STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/08/2004 | | | | | | | | belo | | | | low) | Jeony |
| (Street) CHICAGO IL 60606 | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of | | | | | | | | | | | | | | | | | | | |
| T. The of Security (Instr. 3) Date (Month/Day/Y | | | | | Exec if any | ution Date, | | Transaction Code (Instr. 8) | | Disposed Of (D) (Instr. 3, 4 ar 5) | | | d Securities Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 10/08/200 | | | | | 004 | | | | M | | 7,500 | A | \$2.85 | 404, |)71 | D | | | |
| Common Stock | | | | | | | | | | | | | 283, | 283,281 | | | | ningstar t ⁽¹⁾ | |
| Common Stock | | | | | | | | | | | | | | 63,2 | 81 | I | | Partr whic | ~ ~ 1 |
| Common Stock | | | | | | | | | | | | | | 70,0 | 00 | I | | By s | pouse |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Secur Bene Owne Follor Repo Trans | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | rship (D) irect str. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Stock Option (right to buy) | \$2.85 | 10/08/2004 | | | M | | | 7,500 | 10/27/2000 | | 10/27/2004 | Common Stock | 7,500 |) \$2.85 | 2.85 0 | | D | | |

Explanation of Responses:

1. Held by Morningstar Trust to which Mr. Morgenstern's wife is a trustee. Mr. Morgenstern disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Victor Morgenstern, by Phillip B. Donenberg, attorney- 10/12/2004

in-fact

** Signature of Reporting Person

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

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.

^{*} 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).