FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
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

1. Name and Address of Reporting Person* MORGENSTERN VICTOR A						2. Issuer Name and Ticker or Trading Symbol BIOSANTE PHARMACEUTICALS INC [bpa]									Relationship of Reportii (Check all applicable) Director Officer (give title			10% Owne		ner	
(Last) (First) (Middle) C/O HARRIS ASSOCIATES LP TWO NORTH LASALLE STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/19/2003									belov	w)		De	iow)		
(Street) CHICAGO IL 60602				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applical Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	City) (State) (Zip)															Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)			s Acquired (A) or If (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	1	Reported Fransactio Instr. 3 ar				(Instr.	4)	
Common Stock 12/19/20					003				A		124(1)	A	(2)		356,2	277		D			
Common Stock															270,0	000		I	See Footr	note ⁽³⁾	
Common Stock														40,5	00		I	ВуС	Child ⁽⁴⁾		
Common Stock															50,0	00		I	whic	lute ners to h Mr. genstern	
Common	Stock														70,0	00		I	By sp	pouse	
		Та	able II								osed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)	le of ative conversion or Exercise Price of Derivative Security 2. 3. Transaction Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Code (ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		De Se (Ir	8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Numl derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4)		ve es ially ng ed etion(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr	hip of Bo O) O	1. Nature f Indirect eneficial wnership nstr. 4)		

Explanation of Responses:

- 1. Mr. Morgenstern acquired these shares as a stock award for director compensation granted under BioSante Pharmaceutical's Amended and Restated 1998 Stock Plan.
- 2. Not applicable.
- 3. 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.
- 4. Held by Mr. Morgenstern's son. Mr. Morgenstern disclaims beneficial owernship of these shares, 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- 12/22/2003 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.