## Edgar Filing: BIOSANTE PHARMACEUTICALS INC - Form 4

BIOSANTE PH Form 4 July 16, 2013	ARMACEUT	FICALS I	NC									
FORM 4	1									PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue <i>See</i> Instruction 1(b).	Section 17(	a) of the l	Public U		ding Cor	npany	Act of	ge Act of 1934, of 1935 or Section 040	·	. 0.0		
(Print or Type Resp	onses)											
1. Name and Address of Reporting Person <u></u> HOLUBOW FRED			2. Issuer Name and Ticker or Trading Symbol BIOSANTE PHARMACEUTICALS INC [BPAX]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O BIOSANT PHARMACEU MAIN STREE	E TICALS, IN	Middle) C., 210		of Earliest Tr Day/Year) 2013	ransaction			X Director Officer (giv below)	ve title 109 below)	% Owner her (specify		
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
								Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securit	ties Ac	equired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Sear)(Instr. 3)any (Month/Day)		Date, if	Code Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
				Code V			Price					
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned dire	ectly or	r indirectly.				

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 control number.

 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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(A) ed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) 5	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase	\$ 1.06	07/12/2013		А	20,000		(1)	07/11/2023	Common Stock	20,000

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
HOLUBOW FRED C/O BIOSANTE PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623	Х						
Signatures							
/s/ Roland S. Chase, as attorney 07/ in fact 07/	16/2013						

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

\* 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).

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.