FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

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*     Rosen Robert				Event Requiring //Year) 12	Statement	3. Issuer Name and Ticker or Trading Symbol AP PHARMA INC /DE/ [ APPA ]					
(Last) (First) (Middle) 123 SAGINAW DRIVE					(Check all a	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director	10% Owner	5. If	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) REDWOOD CITY (City)	CA (State)	94063 (Zip)					Other (specify b	elow)	. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)						3. Title and Amount of Securities Underlying Deriva (Instr. 4)		vative Security	4. Conversion or Exercise Price of Derivative	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security		
Non-Qualified Stock Option (right to buy)				07/30/2022		Common Stock	1,000,000	0.66	D		
Non-Qualified Stock Option (right to buy)				(2)	07/30/2022		Common Stock	500,000	0.66	D	
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- 1. Options will vest with respect to 1/36 of the underlying shares monthly so that the options are fully vested on the third anniversary of the date of grant.

  2. Options will vest with respect to 1/12 of the underlying shares monthly so that the options are fully vested one year from the date of grant.

## Remarks:

Robert Rosen

\*\* Signature of Reporting Person

08/08/2012

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 5 (b)(v).

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\* 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.

POWER OF ATTORNEY
I hereby constitute and appoint John B. Whelan as my true and lawful attorney-in-fact to:
(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of AP Pharma, Inc/DE (the "Company"), Forms 3, 4 and 5
(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and times the complete and execute and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and times the complete and execute any such Form 3, 4 or 5 and 5 an
(3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best
The undersigned hereby grants to each of the attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary
This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's
IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as
of the date set forth below.
ву:
_ /s/ Robert Rosen
Print Name:
Robert Rosen
Date: August 8, 2012
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