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

\*\*\*Committeen, D.C. 20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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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 GODDARD PAUL						AP PHARMA INC /DE/ [ APPA ]									eck all applic	cable) or	g Pers	10% Ov	vner	
(Last) (First) (Middle) A.P. PHARMA, INC. 123 SAGINAW DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/24/2000										below)			Other (s		
(Street) REDWOOD CITY CA 94063  (City) (State) (Zip)					-   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									) K Form f Form f	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tab	ole I - Noi	n-Deriv	/ativ	e Se	curities	s Ac	auired.	Dis	posed o	of. or	Bene	ficiall	v Owned					
1. Title of Security (Instr. 3)				2. Trans Date (Month/	saction	n 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Reported Transactions (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 05/2					0/201	/2010			A		95,891	95,891 <sup>(1)</sup> A		\$0	214	4,683		D		
Common Stock														11	11,250		I	by Trust		
			Table II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Expiration (Month/Da	n Date		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	OI N Of	umber						
Non- Qualified Stock Option (right to	\$10	10/24/2000			J <sup>(2)</sup>		18,750		10/24/202	10 1	0/24/2010	Comn		8,750	\$0	18,750	0	D		

## ${\bf Explanation\ of\ Responses:}$

- 1. Vesting will occur in equal increments, 1/2 to vest in 6 months from the date of grant and the balance to vest on the day prior to the Company's next Annual Meeting.
- 2. Grant vest 1/3 on first anniversary of grant and monthly thereafter.

By: Natalie Godfrey, Attorneyin-fact For: Paul Goddard

05/26/2010

\*\* 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.