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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported) July 9, 2013

A.P. Pharma, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-33221**	**94-2875566**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

123 Saginaw Drive **Redwood City CA** **(Address of principal executive offices)**	**94063** **(Zip Code)**

Registrant's telephone number, including area code (650) 366-2626

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

ITEM 8.01 Other Events.

A.P. Pharma, Inc. (the "Company") will deliver a corporate presentation at the 8th Annual JMP Securities Healthcare Conference on July 9, 2013. The slides from the presentation are attached hereto as Exhibit 99.1. The attached materials have also been posted on the Company's website at www.appharma.com. The Company does not undertake to update this presentation.

ITEM 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation, dated July 2013

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

A.P. Pharma, Inc.

Date: July 9, 2013

/s/ Stephen R. Davis
Stephen R. Davis
Executive Vice President and Chief Operating Officer

Exhibit 99.1

Company Overview

OTCBB: APPA

July 2013

Legal Disclaimer

This presentation contains "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. These forward-looking statements involve risks and uncertainties, including uncertainties associated with timely development, approval, launch and acceptance of new products, satisfactory completion of clinical studies, establishment of new corporate alliances, progress in research and development programs and other risks and uncertainties identified in the Company's filings with the Securities and Exchange Commission. Actual results may differ materially from the results expected in our forward looking statements. We caution investors that forward-looking statements reflect our analysis only on their stated date. We do not intend to update them except as required by law.

Stock Summary

Company:	A.P. Pharma, Inc.
Ticker:	OTCBB: APPA.OB
Stock Price:	$0.39 (7/5/2013)
Market Capitalization:	$119.2 million[1]
Cash:	$46 million[2]
Debt:	$4.8 million[2]

[1] Based on 305.6 million common shares outstanding. Does not include outstanding warrants for 81.1 million shares with weighted average exercise price of $0.22/share, nor shares issuable upon conversion of notes convertible for up to 120.3 million shares based on a rate of 25,000 shares for every $1,000 of principal, nor currently exercisable employee stock options for up to 27.1 million shares with weighted average exercise price of $0.38/share.

[2] As of March 31, 2013

Senior Management

Barry D. Quart, Pharm.D.	Chief Executive Officer	Ardea Biosciences Agouron Pharmaceuticals Pfizer
Robert Rosen	President & Chief Commercial Officer	Bayer Healthcare Sanofi-Synthèlabo Imclone
Steve Davis	Chief Operating Officer	Ardea Biosciences Neurogen
Mark Gelder, M.D.	Senior Vice President & Chief Medical Officer	GE Healthcare Bayer Healthcare Wyeth

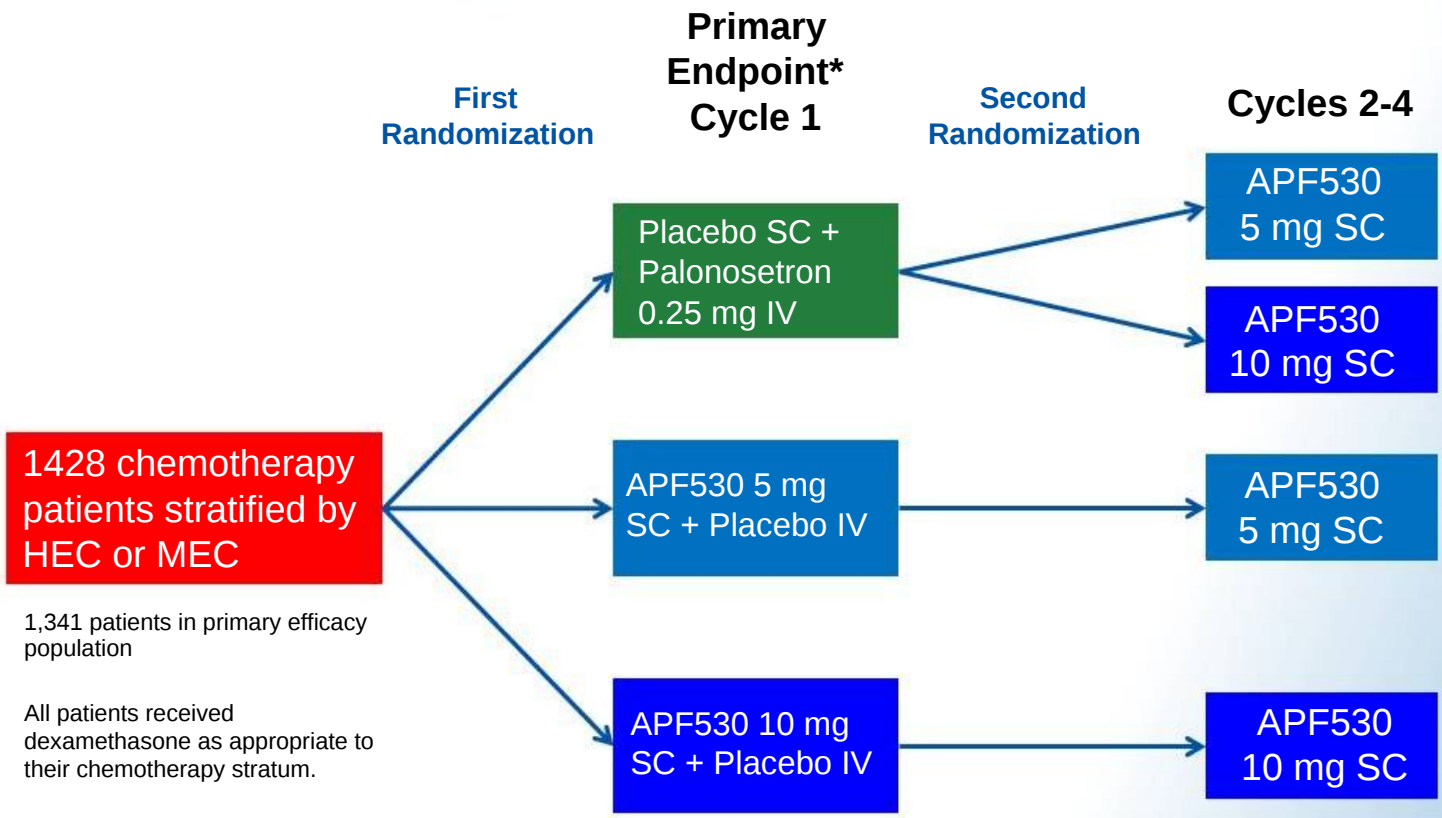
A.P. Pharma Highlights

- Lead product candidate, APF530, is long-acting, injectable product for chemotherapy-induced nausea and vomiting (CINV)
  - Incorporates widely used 5-HT3 antagonist - granisetron (Kytril®)
  - 5-day delivery profile
  - Reduces both acute- and delayed-onset CINV with single injection
  - Patent coverage into 2024
- APF530 shown to be non-inferior to market leader Aloxi®
  - 1,341-patient, randomized, controlled, Phase 3 study
- APF530 targets a large market opportunity, with approximately 7 million doses of chemotherapy annually in US alone*
  - Recent competitive setbacks could enhance commercial uptake
  - Could be second, long-acting, injectable product on market
- A.P. Pharma has the potential to leverage its Biochronomer™ drug delivery technology, its development capacity and commercial expertise into other opportunities

*TDR August 2006 internal report

Clinical Summary

A Pivotal, Phase 3, Randomized Clinical Trial of the Efficacy and Safety of APF530 Compared to Palonosetron (Aloxi®) for CINV



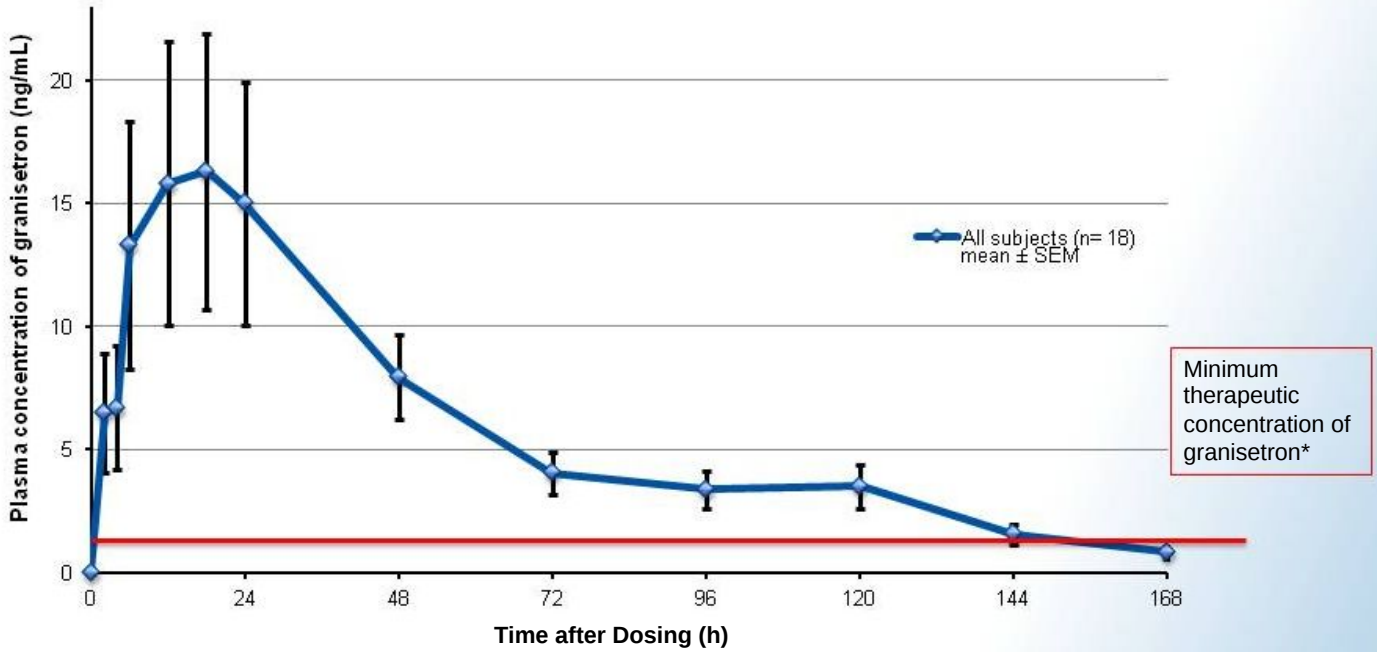
1,341 patients in primary efficacy population

All patients received dexamethasone as appropriate to their chemotherapy stratum.

* Primary end point compared complete response between groups in both the acute (day 1) and delayed (days 2-5) phase; Complete response defined as no emesis and no rescue medications.

APF530 Pharmacokinetics

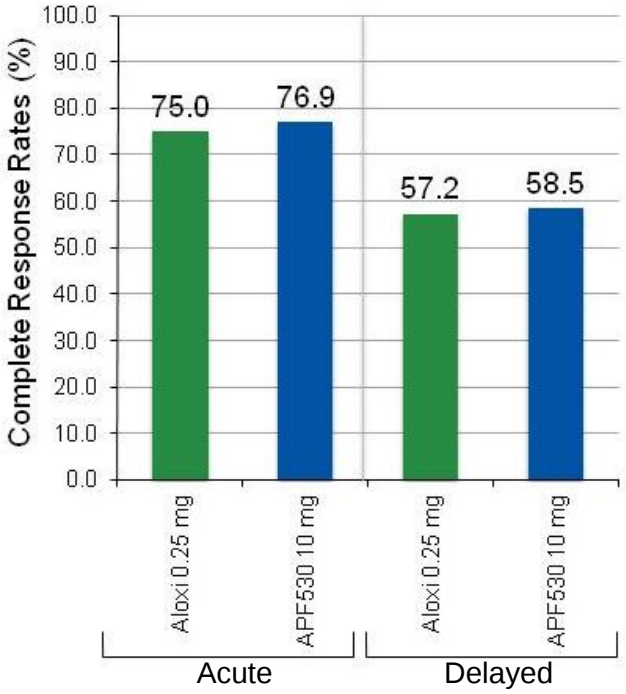
Granisetron is released rapidly following injection of APF530 and continues to be released over at least 5-days, with therapeutic concentrations observed out to 6 days

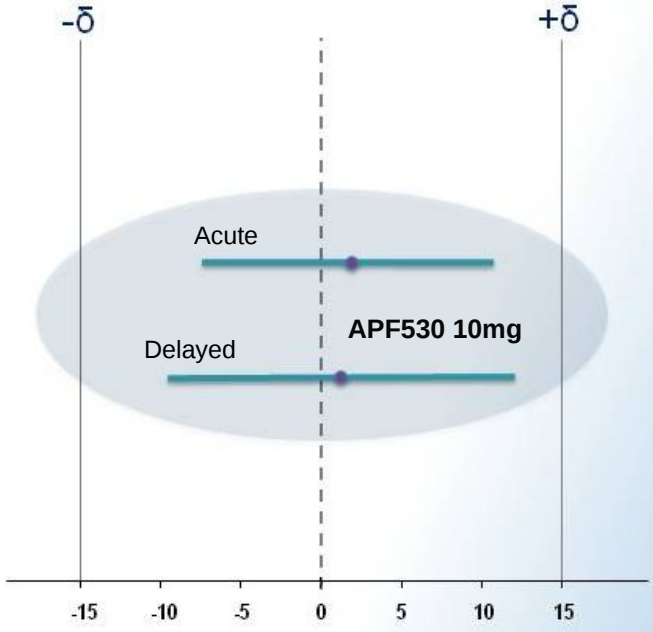


*Data from patent application 20120258164 for transdermal granisetron

Primary Efficacy Results: Complete Response

Patients Receiving Moderately Emetogenic Chemotherapy

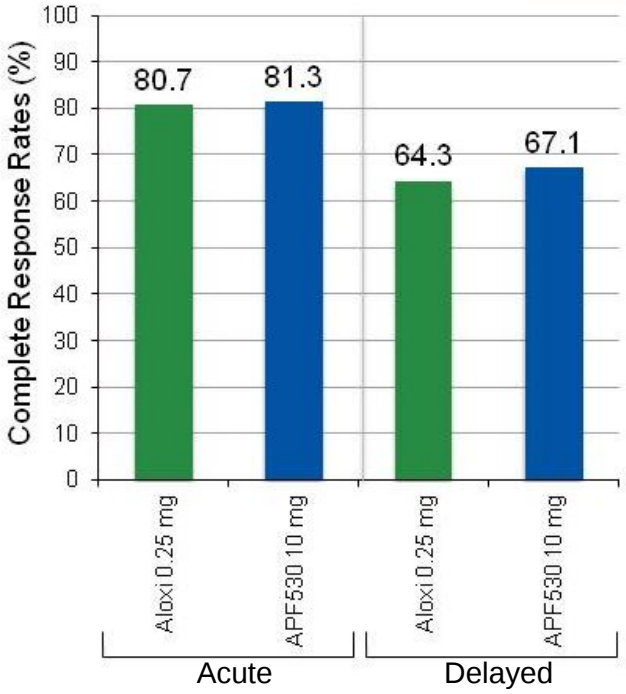


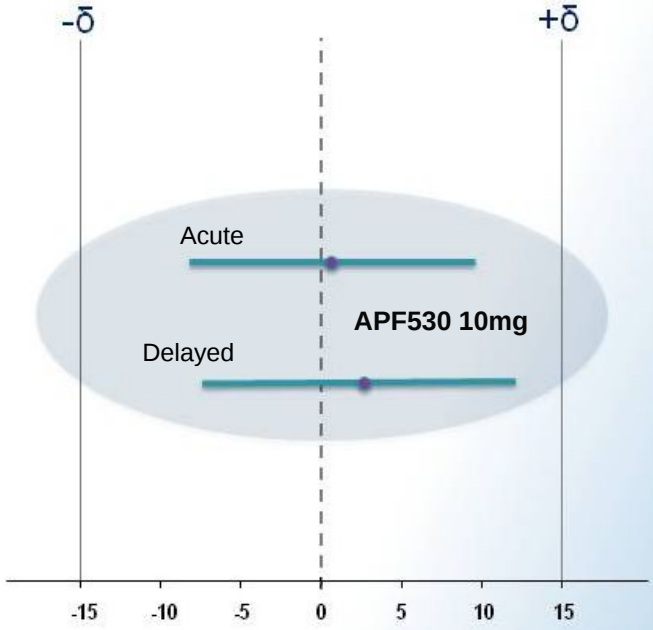


Difference in Complete Response
APF530-Aloxi (97.5% CI)

Primary Efficacy Results: Complete Response

Patients Receiving Highly Emetogenic Chemotherapy





Difference in Complete Response
APF530-Aloxi (98.33% CI)

Safety Summary

Reported in Cycle 1

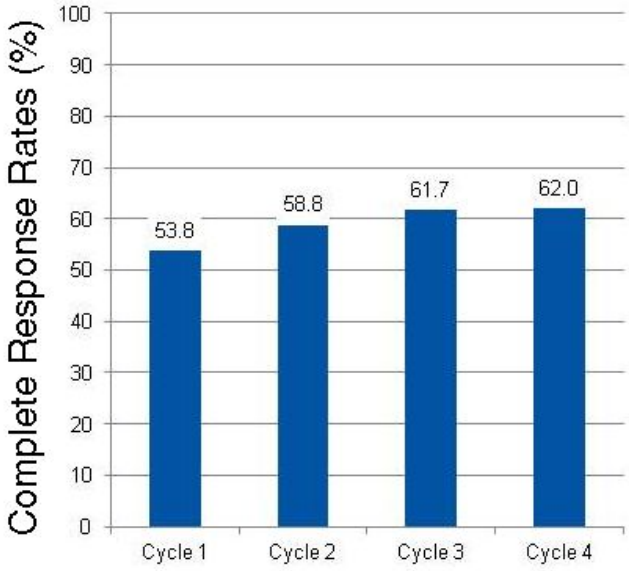
	APF530 10 mg[1]		Aloxi 0.25 mg	
	N	%	N	%
Drug Related Serious Adverse Events	0	0	0	0
Discontinued Due to Adverse Event	1	0.2	0	0
Frequent Adverse Events				
Gastrointestinal Disorders				
▪ Constipation	72	15.4	62	13.4
▪ Diarrhea	44	9.4	39	8.4
▪ Abdominal pain	13	2.8	28	6.0
Nervous System				
▪ Headache	47	10.0	45	9.7
Injection Site[2]			Placebo (NaCl)	
▪ Bruising	93	19.9	41	8.9
▪ Erythema (redness)	51	10.9	14	3.0
▪ Nodule (lump)	50	10.7	3	0.6
▪ Pain	33	7.1	5	1.1

[1] Safety results with the 5 mg dose of APF530 studied in separate arm of the phase 3 study are not included
[2] >90% of injection site reactions were reported as mild; one patient discontinued due to injection site reaction

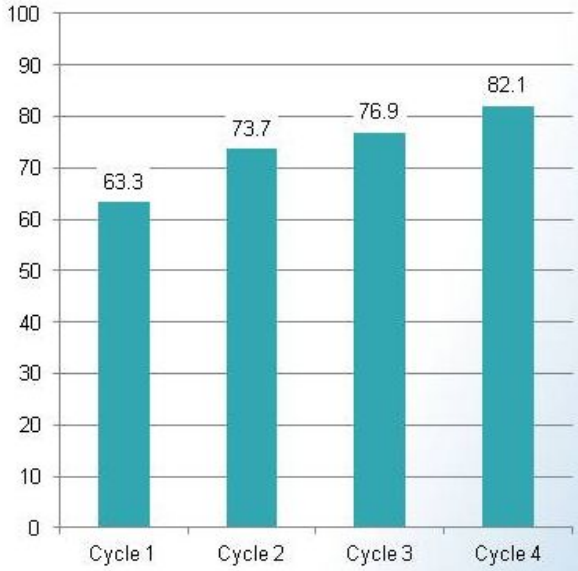
Efficacy through Multiple Chemotherapy Cycles

Overall Complete Response Rates[1] for APF530 10 mg

Moderately Emetogenic Chemotherapy



Highly Emetogenic Chemotherapy

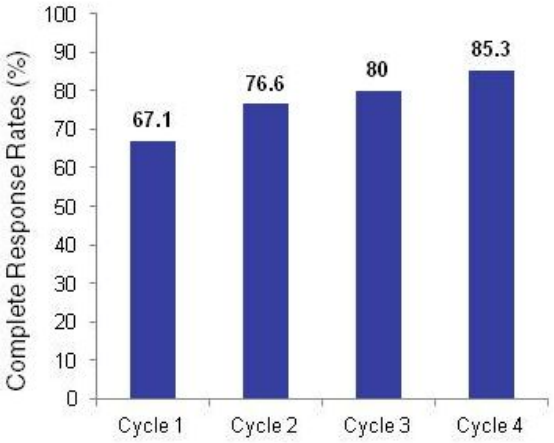


[1]Overall Complete Response defined as no emesis and no rescue medications during 0 to 120 hours following chemotherapy

Sustained Efficacy of APF530 in Cycles 1-4

Complete Response Rates for Delayed-Onset CINV in Patients Receiving Highly Emetogenic Chemotherapy

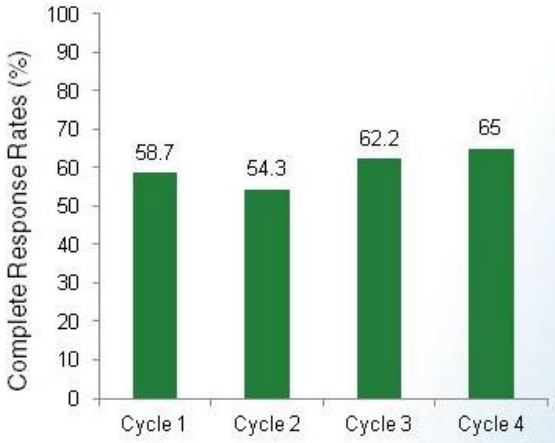
APF530 500 mg



N =	240	171	130	95
% of Cycle 1	100%	71%	54%	40%

*Source: Majaro Tables, 14_2_1_91b and 14_2_1_14_1

Palonosetron 0.75 mg*



351	315	254	117
100%	90%	72%	33%

*Sakai et al (*Ann Oncol.* 2008;19)

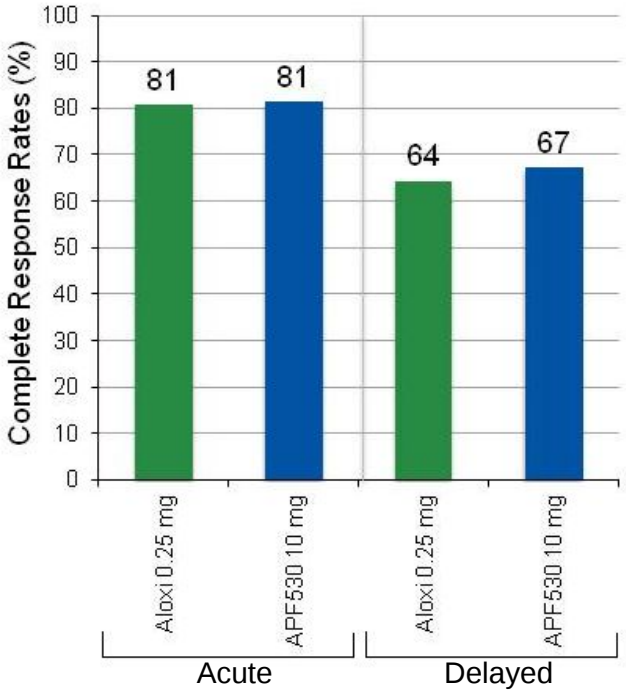
APF530's Efficacy with Difficult Chemo Regimens[1]

			Treatment	
		Chemotherapeutic Regimen	APF530 10 mg	Aloxi 0.25 mg
Moderately Emetogenic	Acute	Cyclophosphamide/Doxorubicin	**70.7%**	**65.7%**
		All other regimens	**84.4%**	**85.0%**
	Delayed	Cyclophosphamide/Doxorubicin	**47.4%**	**46.3%**
		All other regimens	**72.9%**	**70.0%**
Highly Emetogenic	Acute	Cisplatin regimens	**81.1%**	**75.5%**
		Carboplatin/Paclitaxel	**85.4%**	**89.8%**
		All other regimens	**75.4%**	**67.6%**
	Delayed	Cisplatin regimens	**66.0%**	**60.4%**
		Carboplatin/Paclitaxel	**70.8%**	**71.4%**
		All other regimens	**65.2%**	**57.4%**

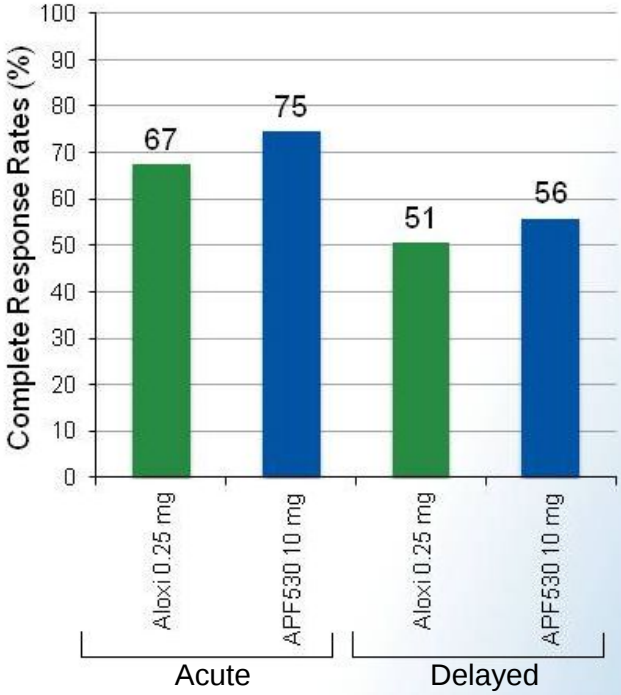
[1]Data from post-hoc analysis. Not statistically significant.
Highlighted MEC regimen changed to HEC in 2011 ASCO Guidelines

Efficacy Maintained With Reanalysis of HEC

Protocol Specified HEC Population



ASCO 2011 Guideline HEC Population



Summary of Clinical Results

- Bioerodible polymer technology releases granisetron to prevent CINV over at least 5 days
- Large, randomized, Phase 3 study conducted with APF530 showing non-inferiority to Aloxi with the 10 mg of APF530
  - For both acute- and delayed-onset CINV
  - With both moderately and highly emetogenic chemotherapy
- APF530 was well-tolerated
  - Incidence of adverse events comparable to Aloxi
  - Injection site reactions where predominately mild
- Good response rates were observed in difficult chemotherapy regimens
- Efficacy was maintained with reanalysis using ASCO 2011 guidelines and through multiple cycles of chemotherapy
- TQT study showed APF530 has no effect on QT; differentiated from Zofran (most common dose restricted) and Anzemet (CINV claim removed)

Regulatory Status

APF530 NDA Status

- Submitted NDA in May 2009 under 505(b)(2) filing pathway
- Received Complete Response Letter in March 2010
- FDA raised major issues in three main areas:
  - Dosing system
  - Chemistry, Manufacturing, and Controls (CMC)
  - Clinical/statistical
- Resubmitted NDA in September 2012
  - Addressed issues raised in Complete Response Letter
- Received Complete Response Letter March 2013 raising three main issues:
  - CMC: correction of PAI issues and revision of one in-vitro release method
  - Requirement for Human Factors Validation Study with commercial product
  - Re-analysis of the existing Phase 3 study using the ASCO 2011 guidelines for catagorization of MEC and HEC

New Management Team is Addressing the CRL

- Chemistry, Manufacturing, and Controls
  - Sites with PAI issues are being eliminated from the supply chain, with work transferred to well established site with no PAI issues
    - Secondary benefit of consolidating manufacturing and release efforts: substantial improvement in COGS
  - New in-vitro release method has been developed and being validated
  - Plan to produce three validation batches of finished product in advance of re-filing to supply Human Factors Study
- Human Factors Study
  - Will be conducted as soon as commercial material available
- Re-analysis of Phase 3 using new ASCO 2011 Guidelines
  - Re-analysis complete
  - Complete dataset and programs ready to supply to FDA
- Re-submission is now planned for 1Q2014

Commercial Opportunity

Continuing Unmet Need in CINV

NCI Statement On The Existing Unmet Need in CINV[1]

"Despite the use of both first-generation and second-generation 5-HT_3 receptor antagonists, the control of acute CINV, and ***especially delayed nausea and vomiting,*** *is* ***suboptimal,*** *and there is* ***considerable opportunity for improvement*** *with either the addition or substitution of new agents in current regimens."*

Need for long-acting antiemetic therapies

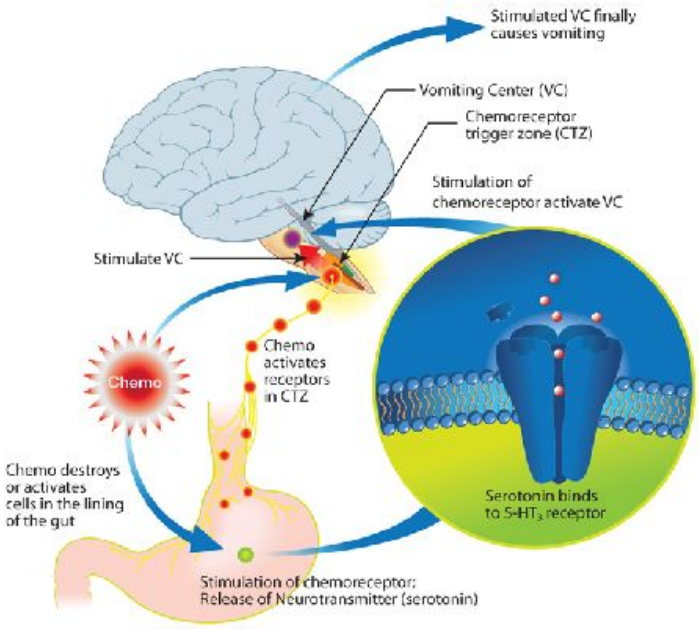
- Delayed CINV (days 2-5) remains particularly challenging to manage
- Significant portion of patients fail to respond to Aloxi

Need for antiemetic therapies with sustained efficacy

- CINV risk increases over multiple chemotherapy cycles

[1] Available at: http://www.cancer.gov/cancertopics/pdq/supportivecare/nausea/HealthProfessional/page6#Section_183

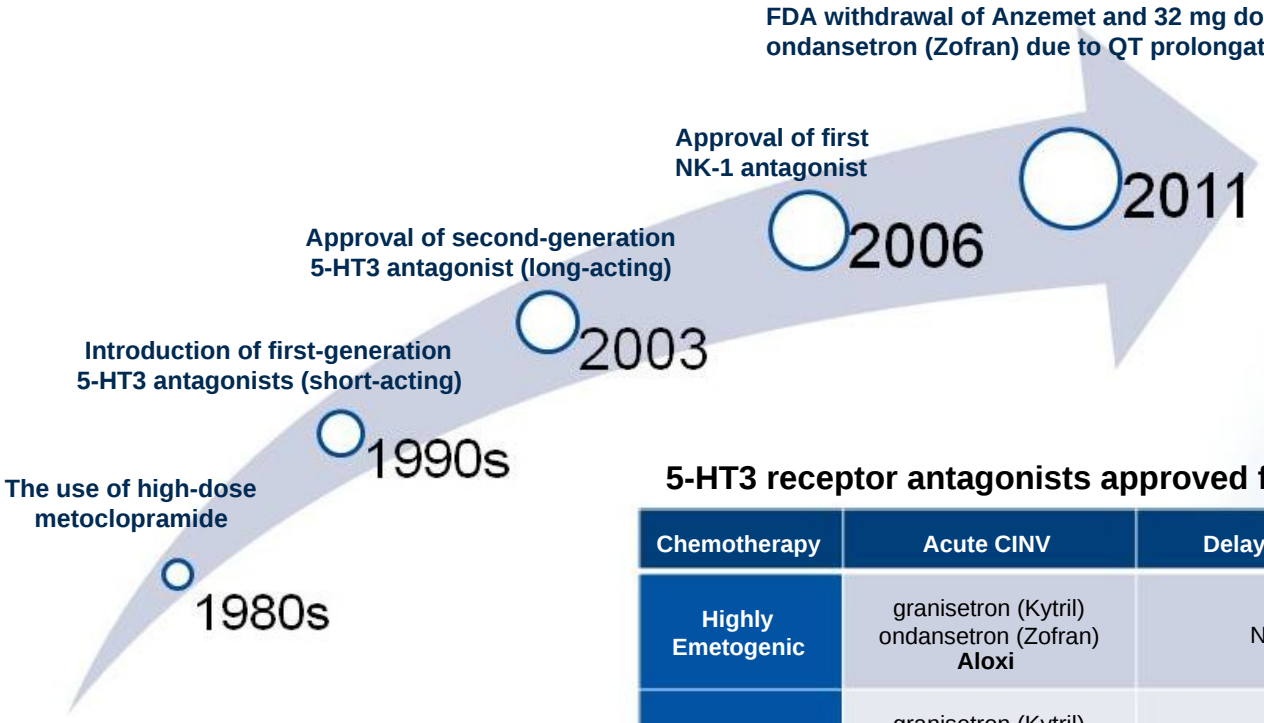
Addressing Debilitating Effects of CINV



- More than 7 million cycles of chemotherapy administered each year*
  - ~27% are highly emetogenic
  - ~46% are moderately emetogenic
- Most chemotherapy patients will undergo 4-15 cycles of chemotherapy
- 5-HT3 antagonists are standard- of-care for CINV
  - Recommended in ASCO, NCCN and ONS guidelines
  - NK-1 antagonists are only indicated in combination with 5-HT3 antagonists
- An Injectable 5-HT3 antagonist is co-administered with more than 90% of MEC and HEC regimens
- If initial regimen is non-effective, drugs are added or changed to address CINV in subsequent cycles

*TDR August 2006

5-HT3 Antagonists Have Made a Substantial Impact

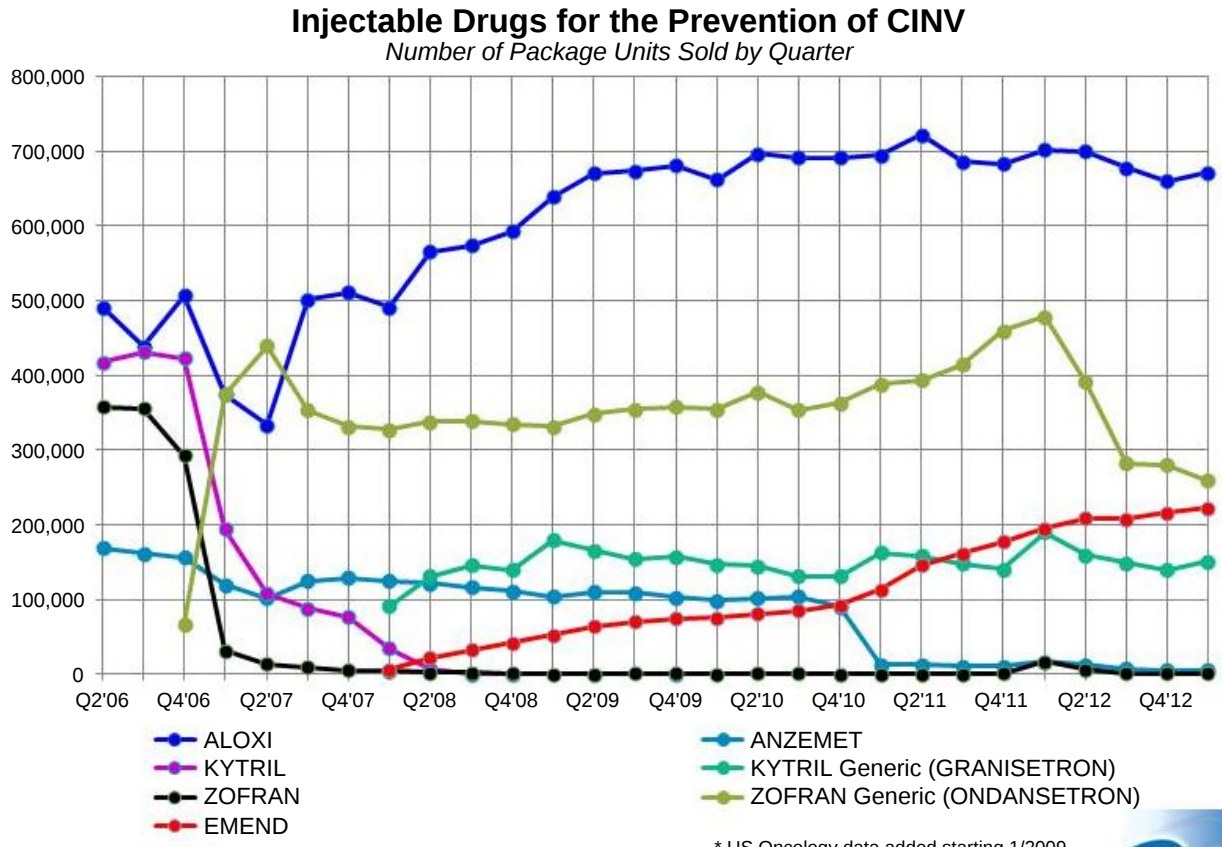


5-HT3 receptor antagonists approved for CINV

Chemotherapy	Acute CINV	Delayed CINV
Highly Emetogenic	granisetron (Kytril) ondansetron (Zofran) **Aloxi**	None
Moderately Emetogenic	granisetron (Kytril) ondansetron (Zofran) **Aloxi**	**Aloxi**

Adapted from Hawkins et al, Clinical Journal of Oncology Nursing 2009, Volume 13, Number 1

U.S. CINV Market Dynamics

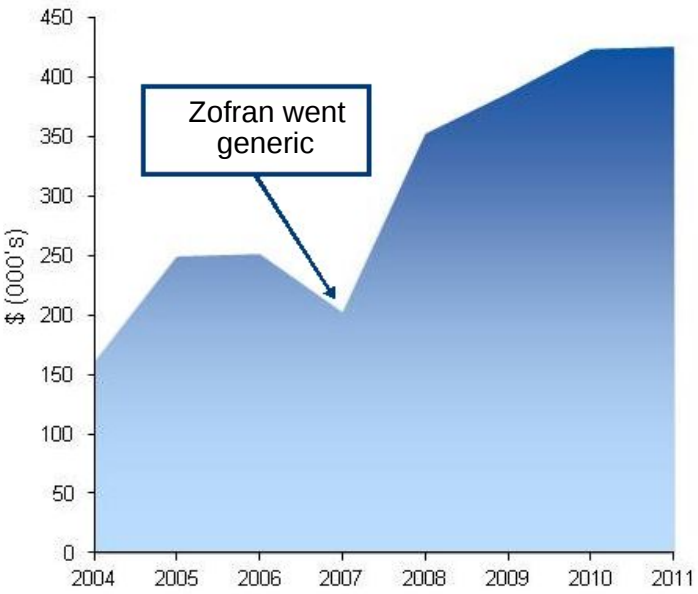


* US Oncology data added starting 1/2009.

Source: WK 07/2013

Aloxi Market Performance

Aloxi Sales



Pricing

- Average Selling Price = $175
- Medicare Reimbursement = $186*
- Wholesale Acquisition Cost ~ $380

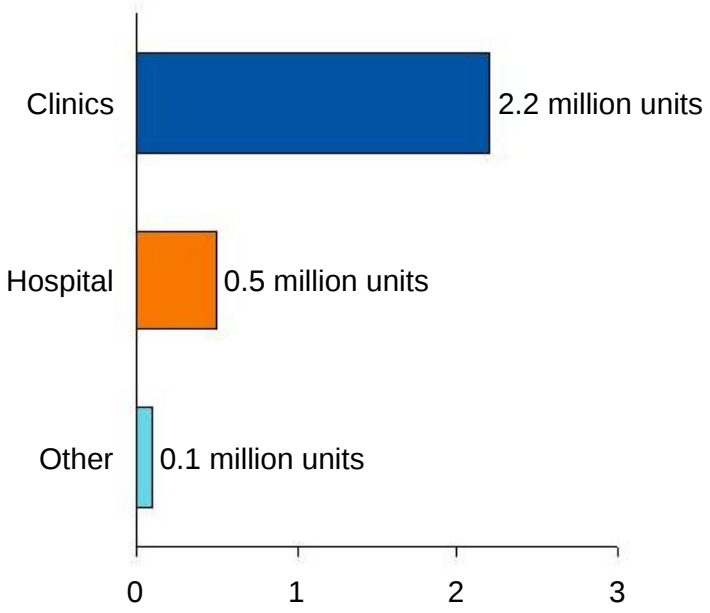
Orange Book Patent Exclusivity

- One patent expires April 2015
- Three patents expire January 2024

*ASP plus 6%

~80% of Aloxi Is Used in Clinics

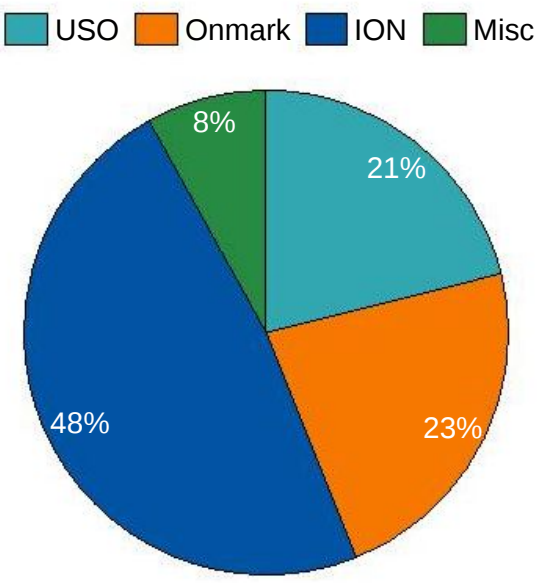
U.S. Aloxi Units by Class of Trade – 12 Months Ending June 30th 2012



IMS Health and Source Healthcare Analytics (WKH) data and Eisai Co., Ltd. published sales figures

>90% of Aloxi Units Contracted Through GPOs

Clinic Units by GPO – 12 Months Ending June 30th 2012

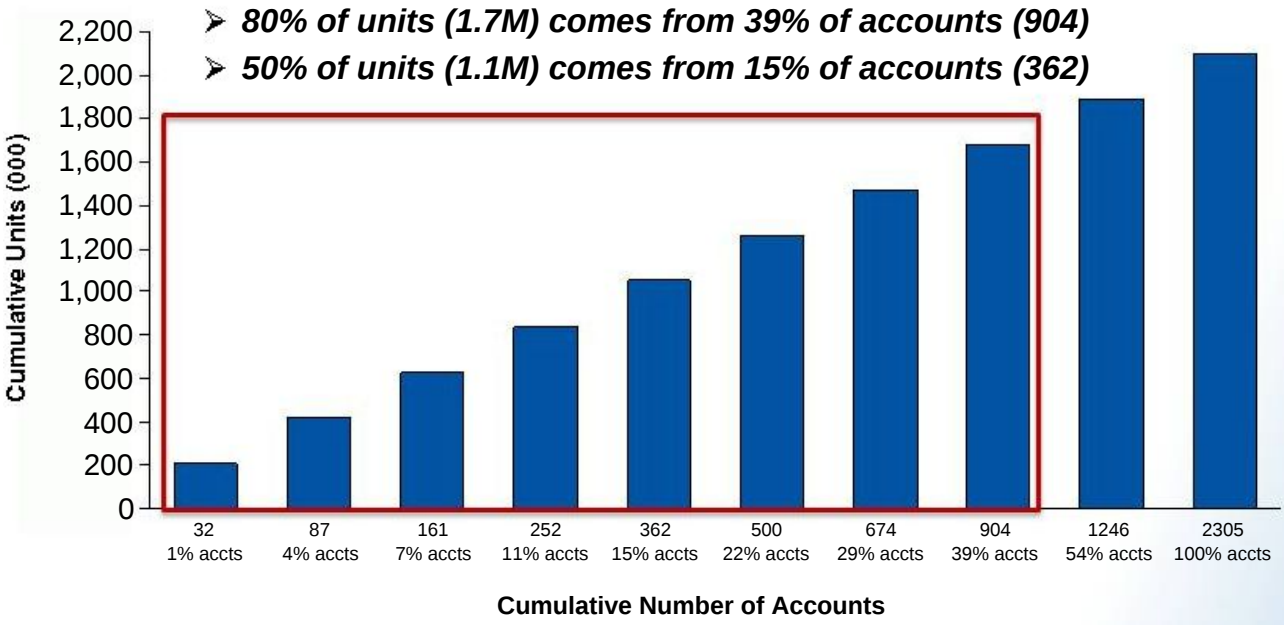


2.2 Million Clinic Units

IMS Health and Source Healthcare Analytics (WKH) data and Eisai Co., Ltd. published sales figures

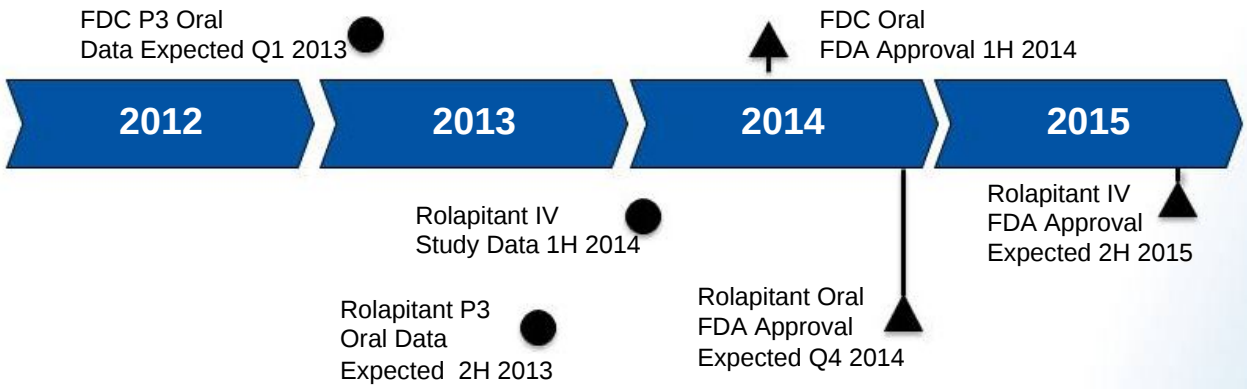
Aloxi Clinical Use Is Largely Concentrated

- ***80% of units (1.7M) comes from 39% of accounts (904)***
- ***50% of units (1.1M) comes from 15% of accounts (362)***



WKH Data Oct. 2012 – Clinic Analysis

No New Injectable 5-HT3 Drug on Horizon



Candidate	Class	Indication	Sponsor	Possible Launch
APF530	5-HT3 Extended release	Prevention of CINV in MEC/HEC	A.P. Pharma	2H 2014
FDC**	FDC combines netupitant (NK-1) with palonosetron (Aloxi) in a single oral tablet	Prevention of CINV in MEC/HEC	Eisai / Helsinn	Oral 2H 2014
Rolapitant*	Long-acting NK-1	Prevention of CINV in MEC/HEC only in combination with 5-HT3	Tesaro	Oral 2H 2014 IV 2H 2015

*Company reports, Leerink Swann; **Clinical Trials.gov NCT01339260 FDC = Fixed Dose Combo; PDUFA date expected 12-15 months post P3 data

EUR-1025 development program uncertain (once-a-day oral modified-release formulation of ondansetron)

APF530 Proposed Label

- Proposed indication submitted in NDA

INDICATIONS AND USAGE

1.1 Chemotherapy-Induced Nausea and Vomiting

APF530 is indicated for:

- Moderately emetogenic cancer chemotherapy (MEC)- prevention of acute and delayed nausea and vomiting associated with initial and repeat courses
- Highly emetogenic cancer chemotherapy (HEC)- prevention of acute nausea and vomiting associated with initial and repeat courses

CINV Market

		Acute Onset (0-24 Hours)		Delayed Onset (24-120 Hours)	
		Moderately Emetogenic	Highly Emetogenic	Moderately Emetogenic	Highly Emetogenic
Second Generation	APF530*	✓	✓	✓	No Approved Products
Second Generation	Aloxi	✓	✓	✓	
First Generation	Kytril Zofran	✓	✓		

*Indications requested in previous submission

Summary

- CINV market is a large commercial opportunity, with approximately 7 million doses of chemotherapy per year in US [1]
- APF530 demonstrated non-inferiority to the market share leader Aloxi, with 2012 annual sales of $440M [2] and ~50% unit market share [3]
- APF530 product profile
  - 5-day release PK profile
  - Good response in difficult chemotherapy regimens
  - Efficacy through multiple cycles of chemotherapy
  - Clean QT results
- Current market dynamics are stale with minimal investment providing opportunities to become the market leader
- Competitive landscape creates opportunity with the removal of Anzemet and Zofran 32mg
- Greater than 80% of Aloxi sales are in the community setting and highly concentrated consistent with other supportive care products

1. TDR August 2006 internal report; 2. 2012 Eisai Annual Report; 3. Wolters Kluwer

A.P. Pharma Product Lifecycle Considerations

- APF530 covered by multiple patents
  - 2 patents covering combination of polymer, excipients and drug expire in 2021
  - 3 patents covering APF530 expire in 2024
- Polymer-based injectable products are difficult to copy independent of IP
  - ANDA FDA requirements for injectable products
    - Must have same inactive ingredients in the same concentration as the reference listed drug
  - Polymers are complex mixtures of varying-length molecules, making characterization for “sameness” very challenging

Financial Summary

- Expect cash sufficient to fund through resubmission of APF530 NDA

Summary Statement of Operations (In thousands, except per share data)	Three Months Ended March 31, 2013
Revenue	$ –
Operating expenses	12,752
Other income (expenses)	(201)
Net loss	$ (12,953)
Net loss per share [1]	$ (0.04)

Condensed Balance Sheet Data (In thousands)	March 31, 2013
Cash and cash equivalents	$ 45,722
Total assets	$ 48,979
Total stockholders' equity	$ 41,383

[1] Based on 305.1 million weighted average common shares outstanding for the period ended March 31, 2013.

Thank You

A.P. Pharma, Inc.

OTCBB: APPA

July 2013