FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NT OF CHANCES IN DENERICIAL OWNERSHI

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
hours per response:	0.5									

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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* BARR JOHN						2. Issuer Name and Ticker or Trading Symbol AP PHARMA INC /DE/ [APPA]								Officer (give title				vner
					3. Date of Earliest Transaction (Month/Day/Year) 01/16/2007								helow)		lent c	Other (s below) of R&D	респу	
(Street) REDWOOD CITY CA 94063				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	-	(Zip)															
			action 2A. Deemed Execution Date,			3. Transacti Code (Ins 8) Code V	ion str.	4. Securit Disposed 5) Amount	ties Acquir I Of (D) (Ins (A) o (D)	ed (A) or str. 3, 4 and	5. Amou Securitie Beneficie Owned Reporte Transact (Instr. 3	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transac Code (Ir		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin	d Amount ties g	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		epiration ate	Title	Amount or Number of Shares					
Incentive Stock Option (right to	\$1.28	01/16/2007			A		35,000		(1)	01/	/16/2017	Common Stock	35,000	\$0	35,000)	D	

Explanation of Responses:

 $1.\ Grant\ vests\ monthly\ over\ a\ 4\ year\ period\ and\ will\ fully\ vest\ on\ January\ 16,\ 2011.$

<u>John Barr</u>

01/17/2007

** 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.