FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average l | hurdon | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 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 7 | | | | | | | | | |
|--|---|--|--|------------------------------|---|-----|---------|-----------------------|---|----------|--|---|-----------------|---|---|----------------------|--|--|---|---------------------------------------|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol AP PHARMA INC /DE/ [APPA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| ROSENBLATT TOBY | | | | | | | | | | | | | | X | Direc | ctor | | 10% O | wner | |
| (Last) (First) (Middle) A.P. PHARMA, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2010 | | | | | | | | | | Office | er (give title w) | | Other (below) | specify | |
| 123 SAG | INAW DRI | VE | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | Ame | ndment, | Date c | of Origina | ıl Filed | d (Month/Da | ay/Yea | ar) | | | idual o | r Joint/Group | Filing | (Check A | pplicable |
| (Street) | | | | | | | | | | | | | | Li | ne) X | Farm | fled by On | . Dana | etina Dara | |
| REDWO | OD CA | \ 9 | 94063 | | | | | | | | | | | | Λ | | n filed by One n filed by Moi | | • | |
| CITY | | | | | | | | | | | | | | | | Pers | | ie iliali | опе кер | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution | | Date, | Code | | | ties Acquired (A) I Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | ۱v | Amount | | (A) or (D) | Price | • | | action(s) 3 and 4) | | | |
| Common Stock 05/20/ | | | | /2010 | | A | | 95,891 ⁽¹⁾ | | A | \$ | 0 210,234 | | 10,234 | | D | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, Transacti Code (Ins | | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | vnership rm: rect (D) Indirect | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

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.

By: Natalie Godfrey, Attorneyin-fact For: Toby Rosenblatt

** 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.