### Edgar Filing: BIOSANTE PHARMACEUTICALS INC - Form 3

#### BIOSANTE PHARMACEUTICALS INC

Form 3 June 21, 2013

# FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

response...

January 31, 2005

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

A Schrepfer Robert W

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

06/19/2013

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

BIOSANTE PHARMACEUTICALS INC [BPAX]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O BIOSANTE PHARMACEUTICALS, INC., 210 MAIN STREET W.

(Street)

10% Owner \_X\_ Director Officer

(Check all applicable)

Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

BAUDETTE. MNÂ 56623

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities

Beneficially Owned (Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Form: Direct (D) or Indirect (I)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Date

SEC 1473 (7-02)

(Instr. 5)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** 

4 Conversion or Exercise Price of

5. Ownership Form of (Instr. 5) Derivative

Security:

Direct (D)

6. Nature of Indirect Beneficial Ownership

(Instr. 4)

**Expiration Title** 

Exercisable Date Amount or Number of

Derivative Security

1

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Shares

or Indirect
(I)
(Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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Schrepfer Robert W

C/O BIOSANTE PHARMACEUTICALS, INC. 210 MAIN STREET W.

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Signatures

BAUDETTE, MNÂ 56623

/s/ Roland S. Chase, as attorney-in-fact

06/21/2013

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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