FORM 4

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL			
OMB Number:	3235-028		
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$\overline{}$	Check this box if no longer subject to Section 16. Form 4

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Section	) 11 30(11) OF THE	investment C	опрану Аст	01 1940						
Name and Address of Reporting Person*     ADAM MICHAEL A					2. Issuer Name and Ticker or Trading Symbol AP PHARMA INC /DE/ [ APPA ]						5. Relatio (Check al	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director			ner	
-											X	Officer (give title below)		Other (sp	ecify below)	
(Last) (First) (Middle) 123 SAGINAW DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2013							Chief Operating Officer				
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individu	Individual or Joint/Group Filing (Check Applicable Line)				
REDWOOD CITY CA 94063										X						
(City)	(State)	(Zi	p)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
					2. Transact Date (Month/Day	Exec	Execution Date,	3. Transaction Code (Instr. 8) 4. Secur 3, 4 and		rities Acquired (A) or Dispose 15)	. , ,	5. Amount of Securit Beneficially Owned F Reported Transaction	ollowing Direct (	wnership Form: ct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr.	
			(Month/Day	(Mon	Code V	Amoun		t (A) or (D)		(Instr. 3 and 4)	i(s) (ilist	u. 4j	4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Inst 3)	r. 2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise Price of Derivative	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 and Amount of Securities Underlyin Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	County			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shar	res	Reported Transaction(s (Instr. 4)	s)		
Stock Option (right to buy)	\$0.75	02/08/2013		A		1,000,000		(1)	02/08/2023	Common Stock	1,000,000	\$0	1,000,000	D		
Explanation of Responses:  1. Grant vests monthly over a 4 year	period and will ful	lly vest on February 8	, 2017.				,									

Remarks:

/s/ John Whelan as attorney-in-fact for Michael 02/12/2013

A. Adam

\*\* Signature of Reporting Person

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.

POWER OF ATTORNEY

I hereby constitute and appoint John B. Whelan as my true and lawful attorney-in-fact to:

(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of AP Pharma, Inc/DE (the "Company"), Forms 3, 4 and 5

(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and times a complete and execute any such Form 3, 4 or 5 and 5

(3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best

The undersigned hereby grants to the attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proj

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as

of the date set forth below.

By: \_\_/s/ Michael A. Adam\_\_\_\_\_

Print Name: Michael A. Adam

Date:

February 12, 2013