FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weekington, D.C. 20540

Washington, D.C. 20549

#### OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

OMB APPROVAL

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)						
1. Name and Address of Reporting Person *- SEILER STEPHEN R	2. Date of Event Statement (Month/Day/Year 01/04/2007					bol IC [ACCP.OB]
(Last) (First) (Middle) ACCESS PHARMACEUTICALS, INC., 2600 STEMMONS FREEWAY, SUITE 176			Person(s) to Is	all applicable)	Filed(Mo	nendment, Date Original onth/Day/Year)
DALLAS, TX 75207			title below) President	below) dent & CEO	Filing(C _X_ Form	idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting
(City) (State) (Zip)	Ta	ble I - N	Non-Derivati	ve Securitie	s Beneficially	y Owned
1.Title of Security (Instr. 4)	Ber	Amount oneficially str. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership	direct Beneficial
Common Stock	0			D		
Reminder: Report on a separate line for e  Persons who res not required to re number.	pond to the coll espond unless t	lection o	of information displays a cu	contained i irrently valic	n this form a I OMB contro	1
Table II - Derivative Securi	*	_ `	<u> </u>			1
(Instr. 4) and	ate Exercisable Expiration Date  th/Day/Year)	Securiti	and Amount of es Underlying ive Security	4. Conversio or Exercis Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
Date Exer	Expiration reisable Date	Title A	mount or Numb	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Reporting Owner Name / Add			Relationshi	ips		

Reporting Owner Name / Address		Relationships		
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
SEILER STEPHEN R ACCESS PHARMACEUTICALS, INC. 2600 STEMMONS FREEWAY, SUITE 176 DALLAS, TX 75207	X		President & CEO	

## **Signatures**

Stephen R. Seiler by Stephen B. Thompson	01/08/2007
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.