FORM 4	
Check this box if no	

(Drint or Type P

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

 See
 Company Act of 1940

1. Name and Address of Reporting Person – NOWOTNIK DAVID P	2. Issuer Name and Ticker or Trading Symbol ACCESS PHARMACEUTICALS INC [ACCP.OB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) ACCESS PHARMACEUTICALS IN STEMMONS FRWY STE 176	G 0 (00	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2009						X Officer (give title below) Other (specify below) Sr Vice President R&D			
(Street) DALLAS, TX 752072107	4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	Beneficial	
		(Code	v	Amount	(A) or (D)	Price	× ,	or Indirect (I) (Instr. 4)		

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exercisa	ble and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
		(Month/Day/Year)		Code		Derivati	ve	(Month/Day/Yea	ur)	Underlying Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie			Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Acquire	đ			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D) (Luctur 2)	4						Transaction(s)	· /	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						and 5)			r						
											Amount				
								Date	Expiration	Title	or				
								Exercisable	Date	Title	Number of				
				Code	v	(A)	(D)				Shares				
				Coue	v	(A)	(D)				Shares				
Stock															
option	\$ 1.38	05/27/2009		А		75,000		06/30/2009 <mark>(1)</mark>	05/27/2019	Common stock	75 000	\$ 1.38	265,000	D	
(right to	φ 1.50	03/2//2007		Α		75,000		00/30/2009	03/2//2017	stock	75,000	φ 1.50	203,000	D	
buy)															

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of the ream , read too	Director	10% Owner	Officer	Other			
NOWOTNIK DAVID P ACCESS PHARMACEUTICALS INC 2600 STEMMONS FRWY STE 176 DALLAS, TX 752072107			Sr Vice President R&D				

Signatures

David P. Nowotnik (by Stephen B. Thompson)	11/02/2009
**Signature of Reporting Person	Date

Explanation of Responses:

* 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).

(1) 12,500 options vest at the end of each month for six months starting 06/30/2009 and with all options vested on 11/30/2009.

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.