## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
OMB Number:	3235-0287			
Estimated average burden				
houre par raepones	0.5			

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 Name ar																
1. Name and Address of Reporting Person * NOWOTNIK DAVID P			2. Issuer Name and Ticker or Trading Symbol ACCESS PHARMACEUTICALS INC [accp]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director I 0% Owner X Officer (give title below) Other (specify below)  Sr VP R&D  6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person  uired, Disposed of, or Beneficially Owned							
(Last) (First) (Middle) ACCESS PHARMACEUTICALS INC, 2600 STEMMONS FRWY STE 176				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2010												
(Street)  DALLAS, TX 752072107  (City) (State) (Zip)																
		()		<u> </u>							-					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	Execu ar) any	2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		Amount of Sec wned Followin ansaction(s)	ecurities Beneficially ng Reported		Ownership of Form: Be	eneficial	
				(Mon	th/Day/Yea		Code				nstr. 3 and 4)	or I (I)			Oirect (D) Ownership or Indirect (Instr. 4) I) Instr. 4)	
Reminder:									ho respond						74 (9-02)	
Remindel.			Table II				in a c	this for currently	m are not re y valid OMB I of, or Benefi	quired t control	to respond u I number.				74 (5-02)	
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., p 4. Transact Code	5. Nun Deriva Securit	ber of ive ies ed (A) osed	cquired, its, option 6. Date Expirat (Month	this for currently	m are not re y valid OMB l of, or Benefi ertible securiti ble and	quired to control cially Ovices)	to respond und number.  wned  and Amount erlying des	8. Price of		f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia	
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transact Code	5. Nun Deriva Securit Acquir or Disp of (D) (Instr.	ber of ive ies ed (A) osed	in a cocquired, ts, option 6. Date Expirat (Month)  Date Exercise	this for currently Disposed ns, conve Exercisation Date n/Day/Yes	m are not re y valid OMB l of, or Benefi ertible securiti ble and	quired t control (cially Ovies)  7. Title of Under Securiti	to respond und number.  wned  and Amount erlying des	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi	

Describes Common Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
NOWOTNIK DAVID P ACCESS PHARMACEUTICALS INC 2600 STEMMONS FRWY STE 176 DALLAS, TX 752072107			Sr VP R&D			

## **Signatures**

David P. Nowotnik (by Stephen B. Thompson)	05/28/2010
**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).
- $\textbf{(1)}\ 66,\!600\ options\ vest\ on\ 02/01/2011;\ 66,\!700\ options\ vest\ on\ 02/01/2012;\ and\ 66,\!700\ options\ vest\ on\ 02/01/2013$

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.