## Edgar Filing: Wolf Jeffrey Alan - Form 4

Form 4												
January 07, 20	Л									OMB A	PPROV/	۹L
	UNITED	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								OMB Number:	3235	-0287
Check this if no longe subject to Section 16 Form 4 or	r STATEN									Expires:January 312005Estimated averageburden hours perresponse0.5		
Form 5 obligations may contir <i>See</i> Instruct 1(b).	Section 17	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 Re	esponses)											
Wolf Jeffrey Alan Symbol ADE			Symbol					5. Relationship of Reporting Person(s) to Issuer				
			ADEONA PHARMACEUTICALS, INC. [AEN]				LS,	(Check all applicable)				
(Last) C/O ADEON PHARMACE VARSITY D	A EUTICALS, IN	Middle) C, 3930		of Earliest T Day/Year) 2011	ransaction			_X Director Officer (g elow)			% Owner her (specify	,
Filed(Mo				mendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
ANN ARBO							Pe	erson	59 10101		eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securitie	es Acquir	ed, Dispose	d of, o	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			Date, if	TransactionAcquired (A) or Code Disposed of (D) B (Instr. 8) (Instr. 3, 4 and 5) C (A) T Or			Secu Bend Owr Follo Repo Tran	owing orted saction(s)	For (D) (I)	Ownership m: Direct or Indirect str. 4)	7. Nature Indirect Benefici Ownersh (Instr. 4)	al 1ip
				Code V	Amount	(D) Pri	ice (Inst	r. 3 and 4)				
Reminder: Report	rt on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned direct	tly or indi	rectly.				

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 control number.

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

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 1.5	01/05/2011		А	25,000	01/05/2011	01/04/2018	Common Stock	25,000

## **Reporting Owners**

Reporting Own	Relationships						
For8 o	Director	10% Owner	Officer	Other			
Wolf Jeffrey Alan C/O ADEONA PHAR 3930 VARSITY DRIV ANN ARBOR, MI 48	Х						
Signatures							
Jeffrey A. Wolf	01/07/2011						
<u>**</u> 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).

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.