Todisco Michael Form 4 May 13, 2011

FORM 4

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

OMB

3235-0287 Number: January 31, Expires:

OMB APPROVAL

2005 Estimated average burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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

SECURITIES

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Todisco Michael Issuer Symbol **DUSA PHARMACEUTICALS INC** (Check all applicable) [DUSA]

(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner _X__ Officer (give title Other (specify (Month/Day/Year) below) 05/12/2011

C/O DUSA PHARMACEUTICALS, INC., 25 UPTON DRIVE

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Vice President, Controller

WILMINGTON, MA 01887

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secur	ities Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	omr Dispos (Instr. 3,	ed of	` ′	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/12/2011		M	27,800	A	\$ 1.22	126,742	D	
Common Stock	05/12/2011		S	100	D	\$ 5.9405	126,642	D	
Common Stock	05/12/2011		S	300	D	\$ 5.94	126,342	D	
Common Stock	05/12/2011		S	5,000	D	\$ 5.9352	121,342	D	
Common Stock	05/12/2011		S	1,100	D	\$ 5.93	120,242	D	

Edgar Filing: Todisco Michael - Form 4

Common Stock	05/12/2011	S	300	D	\$ 5.91	119,942	D
Common Stock	05/12/2011	S	2,500	D	\$ 5.9099	117,442	D
Common Stock	05/12/2011	S	5,000	D	\$ 5.9074	112,442	D
Common Stock	05/12/2011	S	5,000	D	\$ 5.9067	107,442	D
Common Stock	05/12/2011	S	5,000	D	\$ 5.9013	102,442	D
Common Stock	05/12/2011	S	3,000	D	\$ 5.9009	99,442	D
Common Stock	05/12/2011	S	500	D	\$ 5.89	98,942	D

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

Stock

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transacti	5. Number of 6. Date Exercisable a ensactionDerivative Expiration Date de Securities (Month/Day/Year)		te	7. Title and Amou Underlying Secur (Instr. 3 and 4)	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified	\$ 1.22	05/12/2011		M	27,800	03/13/2010	03/13/2016	Common	27

Relationships

Vice President, Controller

Reporting Owners

Stock Option

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

Todisco Michael C/O DUSA PHARMACEUTICALS, INC. 25 UPTON DRIVE

Reporting Owners 2

WILMINGTON, MA 01887

Signatures

/s/ Michael

Todisco 05/13/2011

**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.

Signatures 3