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Bergstrom David Form 4	Н									
December 01, 20	09									
FORM 4									PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-0287	
Check this box								Expires:	January 31,	
if no longer subject to Section 16. Form 4 or						Estimated burden hou response	irs per			
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the I	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Section 940	on		
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> Bergstrom David H			2. Issuer Name and Ticker or Trading Symbol NOVADEL PHARMA INC [NVD]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (1	Middle)	3. Date of	of Earliest T	ransaction		(enc	ek an applicabl	()	
C/O NOVADEL MINNEAKONI		INC., 25	(Month/) 11/24/2	Day/Year) 2009			Director X Officer (giv below) Chief		6 Owner er (specify cer	
(Street)			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 				
FLEMINGTON	, NJ 08822						Person	More than One K	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)			
Reminder: Report or	n a separate line	e for each cla	ass of sec	urities bene	•	•	•			
					inforn requii	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	

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

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

1. Title of	2.	3. Transaction Date 3A. I	Deemed 4.	5	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) Exec	ution Date, if Tra	ansaction	Derivative	Expiration Date	Underlying Securities
Security	or Exercise	any	Co	ode S	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)				
				Code	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.23	11/24/2009		А	700,000		<u>(1)</u>	11/24/2014	Common Stock, \$0.001 par value	700,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Bergstrom David H C/O NOVADEL PHARMA INC. 25 MINNEAKONING ROAD FLEMINGTON, NJ 08822			Chief Operating Officer				

Signatures

David H.	12/01/2009
Bergstrom	12/01/2009
<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).
- (1) The Reporting Person received options to purchase 700,000 shares of common stock, which will vest monthly in equal installments of 29,167 over twenty-three (23) months and a final installment of 29,159 ending with the last vesting date of November 24, 2011.
- (2) Includes multiple option grants and vesting schedules.

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.