

NOVEN PHARMACEUTICALS INC
 Form 4
 May 14, 2008

FORM 4

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

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
PRICE MICHAEL DENNIS

2. Issuer Name and Ticker or Trading Symbol
NOVEN PHARMACEUTICALS INC [NOVN]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
05/12/2008

____ Director
 Officer (give title below)
 ____ 10% Owner
 ____ Other (specify below)
VP and Chief Financial Officer

C/O NOVEN PHARMACEUTICALS, INC., 11960 SW 144TH ST.

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ____ Form filed by More than One Reporting Person

MIAMI, FL 33186

(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (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) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	
Common Stock (\$0.0001 par value)	05/12/2008		P	A	\$ 1,500	D	
Common Stock (\$0.0001 par value)	05/12/2008		P	A	\$ 1,800	D	
Common Stock	05/12/2008		P	A	\$ 1,900	D	
					9.91		

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Common Stock (\$0.0001 par value)	05/12/2008	P	1,406	A	\$ 9.9	3,306	D
Common Stock (\$0.0001 par value)	05/12/2008	P	894	A	\$ 9.89	4,200	D
Common Stock (\$0.0001 par value)	05/12/2008	P	1,000	A	\$ 9.87	5,200	D
Common Stock (\$0.0001 par value)	05/12/2008	P	100	A	\$ 9.86	5,300	D
Common Stock (\$0.0001 par value)	05/12/2008	P	100	A	\$ 9.84	5,400	D
Common Stock (\$0.0001 par value)	05/12/2008	P	3,100	A	\$ 9.81	8,500	D
Common Stock (\$0.0001 par value)	05/12/2008	P	4,500	A	\$ 9.8	13,000	D
Common Stock (\$0.0001 par value)	05/12/2008	P	1,956	A	\$ 9.79	14,956	D
Common Stock (\$0.0001 par value)	05/12/2008	P	44	A	\$ 9.78	15,000	D

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

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(9-02)

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

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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PRICE MICHAEL DENNIS C/O NOVEN PHARMACEUTICALS, INC. 11960 SW 144TH ST. MIAMI, FL 33186			VP and Chief Financial Officer	

Signatures

/s/ Michael D. Price
05/14/2008

**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.