

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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 and Address of Reporting Person* <u>Abrams Jeffrey J</u> <hr/> (Last) (First) (Middle) C/O TRANSDDEL PHARMACEUTICALS, INC. 4225 EXECUTIVE SQUARE, SUITE 460 <hr/> (Street) LA JOLLA CA 92037 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/27/2007	3. Issuer Name and Ticker or Trading Symbol <u>TRANSDDEL PHARMACEUTICALS INC [TDLP]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.001 per share	1,562,500	I	By Abrams Family Trust ⁽¹⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Option (Right To Buy)	09/17/2008	09/16/2017	Common Stock 10,000 ⁽²⁾	2	D	

1. Name and Address of Reporting Person* <u>Abrams Jeffrey J</u> <hr/> (Last) (First) (Middle) C/O TRANSDDEL PHARMACEUTICALS, INC. 4225 EXECUTIVE SQUARE, SUITE 460 <hr/> (Street) LA JOLLA CA 92037 <hr/> (City) (State) (Zip)
--

1. Name and Address of Reporting Person* <u>Abrams Family Trust</u> <hr/> (Last) (First) (Middle) C/O TRANSDDEL PHARMACEUTICALS, INC. 4225 EXECUTIVE SQUARE, SUITE 460 <hr/> (Street) LA JOLLA CA 92037 <hr/> (City) (State) (Zip)

Explanation of Responses:

- 1. Jeffrey J. Abrams, M.D. is the trustee of the Abrams Family Trust.
- 2. These securities are owned solely by Jeffrey J. Abrams, M.D.

/s/ Jeffrey J. Abrams, M.D. 12/27/2007

/s/ Jeffrey J. Abrams, M.D., for Abrams Family Trust 12/27/2007

** Signature of Reporting Person Date

* If the form is filed by more than one reporting person, see Instruction 5 (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.

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 Number.