FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number:

Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

## Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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					or Sect	ion 30(n) (	or tne	Investmen	Con	npany Act	or 19	140						
1. Name and Address of Reporting Person* <u>Schupp Joachim PH</u>				]	2. Issuer Name <b>and</b> Ticker or Trading Symbol TRANSDEL PHARMACEUTICALS INC TDLP.OB ]									ck all applica Director	able)	g Person(s) to Issue		vner
(Last) (First) (Middle) 4225 EXECUTIVE SQUARE SUITE 485				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2009							X	X Officer (give title Other (specify below)  Chief Medical Officer						
(Street) LA JOLI (City)		A State)	92037 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(0.5)		,	ble I - Non-	Derivati	ve Se	curities	s Ac	quired,	Disp	osed o	of, o	r Bene	eficially	Owned				
Date		2. Transacti Date Month/Day	Execution Date,		Code (Instr.				4 and 5) Securities Beneficial Owned Fo		Form: (D) or		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount		(A) or (D)	Price	Price Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II - De (e					uired, D , option	•				-	Owned				
		e, Trans Code	action Derivative Ex					7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			

Date Exercisable

(1)

(D)

## **Explanation of Responses:**

\$1.7

Employee Stock

Option (Right to Buy)

1. The shares underlying the option vest 1/12th per quarter commencing on the first full quarter after the initial grant date of October 14, 2009.

Code

A

/s/ Joachim Schupp

Expiration Date

10/14/2019

Title

Common Stock

10/15/2009

215,000

D

\*\* Signature of Reporting Person

or Number of Shares

215,000

\$<mark>0</mark>

Date

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

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

10/14/2009

\*\* 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.

(A)

215,000