FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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OMB APPROVAL

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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
or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Abrams Jeffrey J | | | | | 2. Issuer Name and Ticker or Trading Symbol TRANSDEL PHARMACEUTICALS INC TDLP.OB | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|---|--|------------|------------|--------------------------------------|--|-----------------|---|------------|--|--|--------------------------------------|--|---|---|---------------------------------------|--|---|-------------------|---------|--|
| (Last) | (F | irst) | (Middle) | | L | | | Trong | paction (Ma | nth/F | Day/Voor) | | | - | Officer below) | (give title | | Other (below) | specify | |
| C/O TRANSDEL PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2008 | | | | | | | | | | | | | | | |
| 4225 EXECUTIVE SQUARE, SUITE 485 | | | | | <u> </u> | | | | | | | | | | | | | | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LA JOLI | LA C | A | 92037 | | | | | | | | |) | Form fi | filed by One Reporting Person filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | | | | |
| | | Tab | le I - Non | -Deriv | ative | e Se | curities | s Ac | quired, | Dis | osed o | f, or B | enefi | cially | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) Execution Date, if any | | Execution Date, | | Code (I | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amour Securitie Beneficia Owned F | s Illy ollowing | Form (D) or | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | | | v | Amount | (A) or (D) | | rice | Reported Transacti (Instr. 3 a | on(s) | | | | | | | | |
| | 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) | perivative Conversion Date Execution Date, if any | | | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4) | | | Derivative Security urity (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | expiration Date | Title | or | ount mber ires | | | | | | |
| Stock Option (right to buy) | \$0.7 | 11/21/2008 | | | A | | 80,000 | | (1) | 1 | 1/21/2018 | Commor Stock | a 80, | ,000 | \$0 | 80,000 |) | D | | |

Explanation of Responses:

1. The option vests and becomes exercisable in accordance with the following vesting schedule: one twentieth (1/20) of the total shares granted shall vest each quarter, commencing on the first full quarter following the initial grant date of November 21, 2008.

/s/ Jeffrey J. Abrams

11/25/2008

** Signature of Reporting Person

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).
- ** 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.