

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2007-12-10** | Period of Report: **2007-06-13**
SEC Accession No. **0001404089-07-000004**

([HTML Version](#) on secdatabase.com)

REPORTING OWNER

MAY JACOB

CIK: **1064225**

Type: **4** | Act: **34** | File No.: **000-22245** | Film No.: **071295414**

Mailing Address

1900 CHURCH ST

STE 400

NASHVILLE TN 37203

Business Address

6153209800

ISSUER

NEXMED INC

CIK: **1017491** | IRS No.: **870449967** | State of Incorporation: **NV** | Fiscal Year End: **1231**

SIC: **2834** Pharmaceutical preparations

Mailing Address

350 CORPORATE BLVD

ROBBINSVILLE NJ 08691

Business Address

350 CORPORATE BLVD

ROBBINSVILLE NJ 08691

6092089688

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: 02/28/2011
 Estimated average burden
 hours per response 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person MAY JACOB			2. Issuer Name and Ticker or Trading Symbol NEXMED INC [NEXMED INC]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) owns more than 5% of security		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/13/2007			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
4525 HARDING ROAD, STE 309			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) NASHVILLE, TN 37205								
(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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
NEXMED INC	06/14/2007		P		10,732	A	\$1.81	4,038,412	D	
NEXMED INC	09/10/2007		P		1,031	A	\$1.55	4,039,443	D	
NEXMED INC	09/11/2007		P		24,000	A	\$1.57	4,063,443	D	
NEXMED INC	09/20/2007		P		16,841	A	\$1.45	4,080,284	D	
NEXMED INC	10/04/2007		P		5,000	A	\$1.7	4,085,284	D	
NEXMED INC	10/04/2007		P		5,000	A	\$1.67	4,090,284	D	
NEXMED INC	10/12/2007		P		3,159	A	\$1.45	4,093,443	D	
NEXMED INC	10/30/2007		P		65,613	A	\$1.652	4,159,056	D	
NEXMED INC	06/14/2007		P		2,500	A	\$1.81	4,161,556	D	
NEXMED INC	06/13/2007		P		17,367	A	\$1.97	985,377	I	As a Trust

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	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
--	--	--------------------------------------	--	--------------------------------	---	--	---	--	--	---	--

			of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Transaction(s) (Instr. 4)	(I) (Instr. 4)
			Code	V						

Signatures

Jacob May

** Signature of Reporting Person

12/10/2007

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.