FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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Estimated average burden hours per 0.5 response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol SHEFFIELD PHARMACEUTICALS INC [OTCBB:SFPH]					
Wolf Jeffrey Alan		n/Day/Year) <mark>/2006</mark>	4. Relationship of Repo	orting Pers	on(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Last) (First) (Middle) 3985 RESEARCH PARK DRIVE (Street) ANN ARBOR (City) (State) (Zip)			(Check all applicable) X Director Officer (give title below)	10% (Other (speci below	fy	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 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)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)	. Date Exerc xpiration Day/ Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Convers	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	oate xercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ive or Indirect		
Stock Option	1/16/2007	01/15/2017	Common Stock	32,527	0.03	B D		

Explanation of Responses:

/s/ Jeffrey Wolf

11/17/2006

** 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 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.