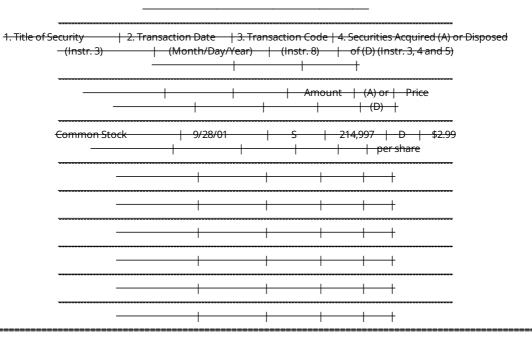
4 1 form-4.txt FORM-4.TXT						
FORM 4						
	nay ction 1(b) Estimated a	OMB APPRO OMB Number Expires: Iverage burden esponse	3235-0287 December 31, 2001			
U. S. SECURITIES AND EXCHANGE COMMISSION Washington, D. C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940						
1. Name and Address of Reporting Person*						
Inpharzar	n Internati	onal, S.A.				
(Last) (F	irst)	(MI)				
Via Inc	dustria 1					
(Stre	et)					
6814 Cad	empino, Sv	vitzerland 				
(City) (St	ate)	(Zip)				
2. Issuer Name and Ticker or Trading Symbol Sheffield Pharmaceuticals, Inc. (SHM)						
3. IRS or Social Security Number of Reporting Person (Voluntary)						
4. Statement for Month/Year   5. If Amendment, Date of   Original (Month/Year)   9/2001						
6. Relationship of Repo	orting Perso	on to Issuer (Ch	eck all applicable)			
[ ] Director [ X ] 10% Owner						
[ ] Officer [ ] Other (specify below) (give title below)						
7. Individual or Joint/Group Reporting (Check Applicable Line)						
X Form Filed by One Reporting Person						
Form Filed by More than One Reporting Person						

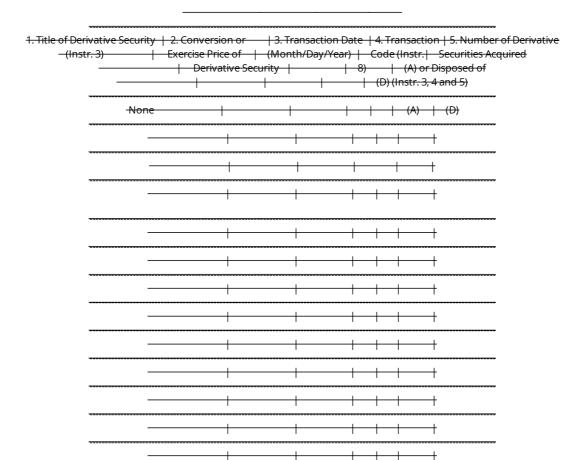
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\*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

(Over) SEC 2270 (7/96)

FORM 4 (continued)
TABLE II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)



<del></del> O. Number of Derivative <del></del>	10. Owners	ship of Derivative	11. Nature o	of Indirect
— Owned at End		Indirect (I) (Instr. 4)		
			+	
<del></del>		1	t	
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			<del></del>	
			<del></del>	

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Alberto Zambon October 10, 2001
----\*\*Signature of Reporting Person Date

Name: Alberto Zambon

Title: President

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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