FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per 0.5 response:

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* STACKS NELSON K.		2. Date of Event Requiring Statement (Month/Day/Year) 02/03/2012	3. Issuer Name and Ticker or Trading Symbol ADEONA PHARMACEUTICALS, INC. [AEN]				
			4. Relationship of Repolssuer (Check all applicable)	orting Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Last) (First) (Middle) C/O ADEONA PHARMACEUTICALS, INC. 3985 RESEARCH PARK DRIVE, SUITE 200	_		X Director Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(Street) ANN ARBOR MI 48108 (City) (State) (Zip)	_						
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
(Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (In:		4. Conversion	se Form:	6. Nature of Indirect Beneficial
	oate xercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Stock Option	2/03/2012	02/03/2022	Common Stock	25,000	2.3	D	

Explanation of Responses:

/s/ Nelson K. Stacks

02/06/2012

** Signature of Reporting

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.