

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0104 | | | | |
| Estimated average burden | | | | | |
| nours per 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* RAUCH GARY M | | 2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2014 | | 3. Issuer Name and Ticker or Trading Symbol Akers Biosciences Inc [AKER] | | | | | | | |
|--|-------------------|--|--|--|--|--|---|---|--------------------------------------|---|--|
| 842 REGIS COU | (First) JRT | (Middle) | 01/23/2 | .014 | | | 4. Relationship of Issuer | | \ / | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| MANTUA, NJ 0 | (Street) 08051 | | | | | | Director X_ Officer (give till below) | all applicable) all applicable) Other (spe below) bller, Treasurer | Applicable X_Form f | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (City) | (State) | (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 4) | | | В | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Stock, no par value | | | 48 | 480 | | | D | | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | a | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivati Security (Instr. 4) | | | Price of Derivative | Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiration Date | on Title Amount Shares | | t or Number of | Security | (D) or Indirect (I) (Instr. 5) | | |
| | | | | | | | | | | | |

Reporting Owners

| Panarting Owner Name / | Relationships | | | | |
|---|---------------|--------------|-----------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| RAUCH GARY M 842 REGIS COURT MANTUA, NJ 08051 | | | Controller, Treasurer | | |

Signatures

| /s/ Gary M. Rauch | 01/24/2014 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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.