# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN 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

(Print or Typ	e Responses	)														
1. Name and Address of Reporting Person * MORAN GAVIN				2. Issuer Name and Ticker or Trading Symbol Akers Biosciences Inc [AKER]						rmbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
(Middle) 39 SUNSET AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2014						y/Year)		_ Officer (give	title below)	Other	(specify below)		
(Street) LLANDUDNO, CAPETOWN,, T3 7806				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	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)			•	Гable	I - Non-I	Deriva	ative Securitie	s Acquired	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D		Date, if	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)				ecurities Beneficially ing Reported		Ownership of Form:	Beneficial Ownership	
							Co	de V	Am	(A) or (D)	Price			× .	nstr. 4)	
			Table II					a cu quired, D	rrent	rm are not re	control n	umber.	inless the	form display	S	
Derivative	2. Conversion or Exercise Price of Derivative Security	*****	ate Execution Date, if		Transaction Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Common Stock Options	\$ 5.5	06/10/2014		A		20,000	)	06/10/2	2014	06/10/2019	Commo	20,000	\$ 0	20,000	D	

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MORAN GAVIN 39 SUNSET AVENUE LLANDUDNO, CAPETOWN,, T3 7806	X					

## **Signatures**

/s/ Gavin Moran	06/12/2014
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.

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.