# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Ty  | pe Response   | s)                                    |  |   |                                |       |                      |       |   |   |                            |  |                                      |  |  |  |             |
|---|---------------|---------------------------------------|--|---|--------------------------------|-------|----------------------|-------|---|---|----------------------------|--|--------------------------------------|--|--|--|-------------|
| 1. Name and Address of Reporting Person * Gormally John J |               |                                       |  | 2. Issuer Name and Ticker or Trading Symbol<br>Akers Biosciences Inc [AKER] |                                |       |                      |       |   |   | mbol                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |                                      |  |  |  |             |
| (Last) (First) (Middle) 80 WALSH DRIVE                    |               |                                       |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2016                 |                                |       |                      |       |   |   | y/Year)                    | X Officer (give title below) Other (specify below)  Chief Executive Officer                |                                      |  |  |  |             |
| (Street)  |               |                                       |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |                                |       |                      |       |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person |                            |  |                                      |  |  |  |             |
|   | AH, NJ 07     |                                       |  |   |                                |       |                      |       |   |   |                            |  |                                      |  |  |  |             |
| (City   | ")            | (State)                               | (Zip)                                      |   |                                | T     | able I               | - Nor | -Der  | ivative S   | Securities                 | s Acqu   | ired, Disp                           | osed of, or I  | Beneficially                                     | Owned                                    |             |
| (Instr. 3) Date   |               |                                       | 2. Transaction<br>Date<br>(Month/Day/Year) | Execu-<br>any   |                                |       | f Code<br>(Instr. 8) |       | (A) or Disposed<br>(Instr. 3, 4 and   |   | Disposed                   | of (D) Benefici<br>Reported  |                                      | ant of Securities<br>ally Owned Following<br>I Transaction(s)  |  | Ownership<br>Form:                       | Beneficial  |
|   |               |                                       | (Month/Day/Year)                           |   |                                | ode   | V                    | Amour | (A) or (D)  | Price   | (Instr. 3 a                | (Instr. 3 and 4)   |                                      | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)   | Ownership<br>(Instr. 4)                          |  |             |
| Common  | Stock         |                                       | 05/24/2016                                 |   |                                |       |                      | P     |   | 69  | A                          | \$<br>2.19   | 69                                   |  |  | D  |             |
| Common Stock 05/  |               |                                       | 05/24/2016                                 |   |                                |       |                      | P     |   | 1,000   | A                          | \$<br>2.2  | 1,069                                |  |  | D  |             |
| Common Stock  |               |                                       | 05/24/2016                                 |   |                                |       | P                    |       | 100   | A   | \$<br>2.23                 | 1,169  |                                      |  | D  |  |             |
| Common Stock  |               |                                       | 05/24/2016                                 |   |                                |       | P                    |       | 1,131   | A   | \$<br>2.25                 | 2,300  | 300                                  |  | D  |  |             |
| Common Stock  |               | 05/24/2016                            |  |   |                                |       | P                    |       | 200   | A   | \$<br>2.24                 | 2,500  |                                      |  | D  |  |             |
| Reminder:   | Report on a s | separate line fo                      | r each class of secur                      | rities be   | neficia                        | lly o | wned                 |       | Pers  | ons wh  | no respo<br>n this fo      | rm are   | not requ                             |  | ormation<br>spond unle                           | ss                                       | 1474 (9-02) |
|   |               |                                       | Table II - 1                               |   |                                |       |                      |       |   |   |                            |  | ly Owned                             |  |  |  |             |
| Derivative Conversion Date                                |               | 3. Transaction<br>Date<br>(Month/Day/ | 3A. Deemed<br>Execution Da<br>Year) any    | te, if T  | 4. Transaction Code (Instr. 8) |       | 5.<br>Number         |       | ions, convertible secur  6. Date Exercisable and Expiration Date (Month/Day/Year) |   | 7. T<br>Ame<br>Und<br>Seco | itle and bount of lerlying urities tr. 3 and   | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Owners Form o Derivat Security Direct ( or India | Beneficia Ownershi y: (Instr. 4)  D) ect |             |
|   |               |                                       |  |   | Code                           | V     | (A)                  | (D)   | Date<br>Exer  | cisable   | Expiratio<br>Date          | Title  | or<br>Number<br>of<br>Shares         |  |  |  |             |

#### **Reporting Owners**

| D C O N /   | Relationships |              |                         |       |  |  |  |  |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address                        | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |  |
| Gormally John J<br>80 WALSH DRIVE<br>MAHWAH, NJ 07430 |               |              | Chief Executive Officer |       |  |  |  |  |

### **Signatures**

| /s/ John J. Gormally             | 05/24/2016 |
|----------------------------------|------------|
| ***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.