## FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person* ZUCHERMAN STEPHEN L MD				2. Issuer Name and Ticker or Trading Symbol APA OPTICS INC /MN/ [apat]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director 10% Owner					
(Last	)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/11/2003				-	Office	r (give title belo	ow)C	ther (specify belo	ow)		
(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					
(City	)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	if Co	(Instr. 8)				(D) Beneficial		lly Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
						Code	VA	Amoun	(A) or (D)	Price	ice		(	or Indirect (I I) Instr. 4)	nstr. 4)
				Derivative Secu		Acquire	the for	rm dis	splays a c of, or Bene	urren ficiall	tly valid		spond unles trol number		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	n 3A. Deemed Execution Da any	4. Transactic Code Year) (Instr. 8)	5. Nur of Der Sec Acc (A) Dis of ( (Ins	nber ivative urities quired or posed	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) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)	
				Code	V (A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ZUCHERMAN STEPHEN L MD						
	X					
,						

### **Signatures**

Stephen Zuckerman, M.D.	07/11/2003
**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.