

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number:	3235-0104				
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#### 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

PODZIMEK CHERI B		Statemen	2. Date of Event Requiring Statement (Month/Day/Year) 09/24/2003		3. Issuer Name and Ticker or Trading Symbol APA OPTICS INC /MN/ [APAT]						
(Last)	(First)	(Middle)	109/24/2003		4. Relationship of Issuer		\ /	5. If Amendment, Date Original Filed(Month/Day/Year)			
	(Street)						Director Officer (give tit	all applicable) le10% OwneOther (specially) nt of Subsidiary	Applicable _X_Form f	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)			В	Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
None			0	0			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)		an	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Deriv Security (Instr. 4)			Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Da Ex	ate ercisable	Expiration Date	Title	Amoun	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		
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### **Reporting Owners**

Departing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PODZIMEK CHERI B				President of Subsidiary	

## **Signatures**

/s/ Cheri B. Podzimek	09/24/2003
**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.