Edgar Filing: iBio, Inc. - Form 4

iBio, Inc.											
Form 4	014										
February 04, 2										PPROVAL	
FORM	SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549					COMMISSION		3235-0287			
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed p ue. Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940							burden hou response	Estimated average burden hours per response 0.5	
(Print or Type Re	sponses)										
			2. Issuer Name and Ticker or Trading Symbol iBio, Inc. [ibio]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2014				Director Officer (give title Other (specify below) below)			
	(Street) 4. If Amer Filed(Mon				ate Original ^{r)}			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOCA RATC	ON, FL 33431							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
	2. Transaction D Month/Day/Yea	Yansaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock	02/03/2014			S	28,828	D	\$ 0.55	5,889,853	Ι	FN (1)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
I B	Director	10% Owner	Officer	Other				
DESANTIS CARL C/O CDS INTERNATION 3299 NW SECOND AVE BOCA RATON, FL 33431		Х						
Signatures								
/s/ Carl DeSantis	02/04/2014							

<u>**</u>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).

Includes 6,125 shares of common stock owned directly by the reporting person, (ii) 1,266,706 shares of common stock held by Integrated BioPharma, Inc. of which the reporting person is a controlling person, (iii) 1,530,563 shares of common stock held by CD Financial,

 Distributing the of which the reporting person is a controlling person, (iii) 1,550,505 shares of common stock held by CD 1 matched LLC, and (iv) 3,086,459 shares of common stock held by the DeSantis Revocable Trust (after accounting for the 28,828 shares of common stock that are the subject of this report).

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.