Edgar Filing: Emergent BioSolutions Inc. - Form 4

•	oSolutions Inc	2.									
Form 4											
May 21, 2015	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi		0 /					Expires:	January 31,			
if no long subject to	STAT	EMENT C	OF CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 2005	
Section 1				SECUR	ITIES				burden hou		
Form 4 or									response		
Form 5 obligatior	• •	•					-	ge Act of 1934,			
may conti				•	•	- ·		f 1935 or Sectio	n		
<i>See</i> Instru 1(b).	iction	30(h) of the Inv	vestment	Compan	y Act	of 19	40			
(Print or Type R	Responses)										
SULLIVAN LOUIS W Syn				2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			C C			с. [ЕІ	22]	(Check all applicable)			
(Last)	(First)	Earliest Transaction									
				Month/Day/Year))5/21/2015				X Director 10% Owner Officer (give title Other (specify			
400 I KOI L	SSIONAL DI	, SUIL	03/21/20)15				below)	below)		
100	(Cture et)		4 10 4		0.1				·	(61 1	
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			THEU(MOI	ui/Day/1eai)				_X_ Form filed by	One Reporting Pe	erson	
GAITHERS	BURG, MD 2	20879						Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction							5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year) Exec any		ion Date, if		TransactionAcquired (A) or Code Disposed of (D)				Form: Direct (D) or	Indirect Beneficial	
(1130. 5)		-	n/Day/Year)	(Instr. 8)	· · · · · · · · · · · · · · · · · · ·			Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	, , ,			
$\frac{\text{Common}}{\text{Stock } (1)}$	05/21/2015			А	9,400 (2)	А	\$0	28,500	D		

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)

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)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
SULLIVAN LOUIS W 400 PROFESSIONAL DR, SUIT GAITHERSBURG, MD 20879	ГЕ 400	Х							
Signatures									
/s/Eric Burt, attorney-in-fact	05/21/2015								
<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).
- (1) Consists of restricted stock units granted under the Third Amended and Restated Emergent BioSolutions Inc. 2006 Stock Incentive Plan.

These restricted stock units vest in three equal annual installments beginning on the first anniversary of the date of grant, assuming (2) continued service with the company. Each restricted stock unit represents the right of the Reporting Person to receive one share of

common stock of Emergent BioSolutions Inc., subject to adjustment as provided in the grant agreement.

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.