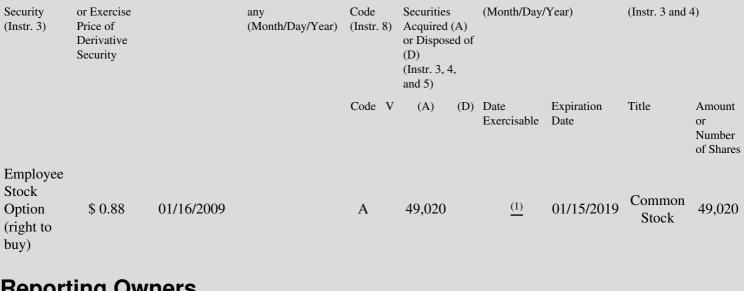
## Edgar Filing: Evans Daron - Form 4

Evans Daror	1									
Form 4 January 20, 2	2009									
									OMB A	PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box								Expires:	January 31,	
Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	urs per
Form 5 obligatio may cont <i>See</i> Instr 1(b).	ns tinue. Section 17(	(a) of the l	Public U		ding Cor	npany	Act	nge Act of 1934, of 1935 or Section 1940		
(Print or Type I	Responses)									
1. Name and A Evans Daro	2. Issuer Name <b>and</b> Ticker or Trading Symbol Nile Therapeutics, Inc. [NLTX]				-	5. Relationship of Reporting Person(s) to Issuer				
				•	_	NLIX	J	(Check all applicable)		
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009					Director 10% Owner X Officer (give title Other (specify		
C/O NILE THERAPEUTICS, INC., 115 SANSOME STREET, SUITE #310			01/10/2009				below) below) Chief Financial 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			
SAN FRAN	ICISCO, CA 941	04						Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tal	ble I - Non-I	Derivative	Securit	ties A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	)	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 Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(D) I	Price	(1180. 5 and 4)		
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	curities benef	ficially ow	ned dire	ectly o	r indirectly.		
					inforn requi	nation red to r ays a c	conta respo	pond to the colle ained in this form and unless the fo tly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab			curities Acq ls, warrants				Beneficially Owned ecurities)	1	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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## **Reporting Owners**

Reporting Owner Name /	Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other			
Evans Daron C/O NILE THERAPEUTIC 115 SANSOME STREET, S SAN FRANCISCO, CA 94			Chief Financial Officer					
Signatures								
/s/ Daron Evans	01/20/2009							

Date \*\*Signature of Reporting Person

## **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) 100% of the shares subject to the option are fully vested and immediately exercisable.

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.