Edgar Filing: Emergent BioSolutions Inc. - Form 4

Emergent Bio	Solutions Inc.									
Form 4										
May 21, 2015	5									
FORM	4									PPROVAL
	UNITE	D STATE		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287
Check this if no longe									Expires:	January 31,
subject to	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated a	2005 average	
Section 16		SECURITIES						burden hou	irs per	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligation	^s Section 1							of 1935 or Sectio	n	
may contin See Instru	nue.) of the Inv	•	•	- ·				
1(b).										
(Print or Type R	esponses)									
1 Name and Ac	ldress of Reportin	ng Person *	2 Iaguar	Name and	Tielsen on 7	Fradin	~	5. Relationship of	Reporting Per	son(s) to
Harsanyi Zso			Symbol	Name and		Taum	g	Issuer	reporting r or	501(5) 10
·			•	nt BioSol	utions Ind	c. [EI	BS]			
(Last)	(First)	(Middle)	c	Earliest Tra		L	-	(Chec	k all applicable	e)
(2000)	(1 1100)	(initiatio)	(Month/Da		ansaction			X Director	10%	o Owner
400 PROFES	SSIONAL DR	, SUITE	05/21/20	•				Officer (give	title Oth below)	er (specify
400								below)	Delow)	
	(Street)		4. If Amer	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check
			Filed(Mon	th/Day/Year))			Applicable Line)		
		0070						_X_ Form filed by (Form filed by N	One Reporting Pe Aore than One Re	
GATTHERS	BURG, MD 2	0879						Person		1 0
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned
1.Title of	2. Transaction I			3.	4. Securi					7. Nature of
Security	(Month/Day/Year)Execution Date, if anyTransactionAcquired (A) or Disposed of (D)Securities Beneficially			Form: Direct Indirect D) or Beneficial						
(Instr. 3)		any (Month	Day/Year) (Instr. 8) (Instr. 3, 4					•	D) or ndirect (I)	Ownership
									(Instr. 4)	(Instr. 4)
						(A)		Reported Transaction(s)		
				Code V	Amount	or	Driac	(Instr. 3 and 4)		
Common					Amount 9,400	(D)	Price			
Stock (1)	05/21/2015			А	(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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: Emergent BioSolutions Inc. - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Harsanyi Zsolt 400 PROFESSIONAL DR, SUIT GAITHERSBURG, MD 20879	E 400	Х						
Signatures								
/s/Eric Burt, attorney-in-fact	05/21/2							
<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.