Edgar Filing: LOCKHART STEPHEN - Form 4

LOCKHAR	Г STEPHEN										
Form 4											
May 11, 201	0										
FORM	14								OMB AF	PROVAL	
	UNITE) STATES	ATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMB Number:	3235-0287	
Check th							Expires:	January 31,			
if no long subject to	F CHAN	GES IN 1	BENEFI	CIA	L OWN	VERSHIP OF	Estimated average				
Section 1	SECURITIES						burden hour				
Form 4 o							response	0.5			
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies Ez	xchange	e Act of 1934,			
obligatio may cont		7(a) of the	Public U	tility Hold	ling Com	ipany	Act of	1935 or Section	ı		
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type I	Responses)										
1 Name and A	ddragg of Dapartin	a Darson *						5 Deletionship of	Deporting Darg	on(a) to	
1. Name and Address of Reporting Person <u>*</u> LOCKHART STEPHEN				r Name and	Ticker or	Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer			
LOCKHART STEPHEN			Symbol			. 021	נסם				
			Emergent BioSolutions Inc. [EBS]					(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest Tr	ransaction						
		~	(Month/E	•				Director		Owner	
			05/10/2	010				XOfficer (give titleOther (specify below) below)			
400								SVP Pro	duct Developm	ent	
	(Street)		4. If Ame	endment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check	
				nth/Day/Year	-			Applicable Line)	1		
				•				_X_ Form filed by O			
ROCKVILI	LE, MD 20850							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securit			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year		n Date, if	Transaction(A) or Disposed of (D)					Ownership Indirect		
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(INIOIIIII) I	Jay/ I cal)	(Instr. 0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)	. ,	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/10/2010			М	10,800	А	\$ 7	17,780	D		
Stock	03/10/2010			IVI	10,000	A	ψ	17,700	D		
Common							\$				
Stock	05/10/2010			S	10,800	D	ф 15.56	6,980	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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	TransactionDerivative Code Securities		Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 7	05/10/2010		М		10,800	<u>(1)</u>	03/10/2015	Common Stock	10,800

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LOCKHART STEPHEN 2273 RESEARCH BLVD. SUITE 400 ROCKVILLE, MD 20850			SVP Product Development				
			Development				

Signatures

/s/R. Don Elsey,	05/11/2010
attorney-in-fact	03/11/2010

**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) The option will vest with respect to the remaining 5,400 shares on March 11, 2011.

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.