Edgar Filing: AMYRIS, INC. - Form 4

AMYRIS, IN	NC.											
Form 4												
June 10, 201	5											
FORM	14								OMB AF	PPROVAL		
	UNITED	STATES			ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287		
Check this box							Expires:	January 31,				
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW						OWN	VERSHIP OF	2005			
Section 1		SECURITIES							Estimated average burden hours per			
Form 4 o									response	0.5		
Form 5 obligation	••						•	e Act of 1934,				
may cont				•	• •	•		1935 or Section	1			
See Instru		30(h)	of the In	vestment	Company	Act of	of 194	0				
1(b).												
(Print or Type I	Responses)											
(Thit of Type I	(copolises)											
1. Name and A	Address of Reporting	Person *	2 Issue	· Name and	Ticker or T	rading		5. Relationship of	Reporting Pers	on(s) to		
171 1.1 N. ¹ . 1 1				2. Issuer Name and Ticker or Trading Symbol				Issuer				
5.				AMYRIS, INC. [AMRS]								
(Lost)	(First) (Middle)			-			(Checl	k all applicable)		
(Last)	(11181) (.	wildule)		Earliest Tr	ansaction			Director	10%	Owner		
(Month/Day/Year) C/O AMYRIS, INC., 5885 HOLLIS 06/08/2015								Director 10% Owner X Officer (give title Other (specify				
STREET, SUITE 100				015	below)			· · · · · · · · · · · · · · · · · · ·	below) neral Counsel and Secretary			
,												
	(Street)			ndment, Da	-			6. Individual or Jo	int/Group Filin	g(Check		
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by C)ne Reporting Pe	rson		
EMERVVII	LLE, CA 94608							Form filed by M				
	LLL, CA 74000							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	ecuriti	es Acqu	iired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deer	med	3.	4. Securitie	es Acq	uired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		n Date, if		on(A) or Disp			Securities	Form: Direct			
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(WIOIIUM	Jay I cal)	(11301.0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	06/08/2015			А	100,000 (1)	А	\$0	224,526	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	TransactiorDerivative Code Securities				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
Stock Option (Right To Buy)	\$ 1.96	06/08/2015		А	100,000		(2)	06/07/2025	Common Stock	100,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Khadder Nicholas C/O AMYRIS, INC. 5885 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608			General Counsel and Secretary					

Signatures

Reporting Person

Nicholas	06/10/2015		
Khadder	00/10/2015		
**Signature of	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).
- Represents a restricted stock unit award that vests in three successive equal annual installments, with the first 1/3rd of the units vesting on (1) June 1, 2016.
- The stock option vests as to 1/4th of the total number of shares subject to the option on June 8, 2016, and thereafter vests as to 1/48th of (2) the total number of shares subject to the option in equal monthly installments.

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.