Edgar Filing: AMYRIS, INC. - Form 4

AMYRIS, IN	NC.											
Form 4												
May 18, 201	6											
FORM	14								OMB AF	PROVAL		
	UNITED	STATES			AND EXC 1, D.C. 205		GE C	OMMISSION	OMB Number:	3235-0287		
Check this box							Expires:	January 31,				
subject to	no longer biect to STATEMENT OF CHANGES IN BENEFICIAL OW					OWN	NERSHIP OF	Estimated a	2005			
Section 1	.6.	SECURITIES							burden hours per			
Form 4 o Form 5									response	0.5		
obligatio	••						•	e Act of 1934,				
may cont				•	•			1935 or Section	n			
See Instru	uction	30(h)	of the In	vestmen	t Company	Act of	of 194	0				
1(b).												
(Print or Type I	Responses)											
5 1												
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	r Name an	d Ticker or	Frading		5. Relationship of Reporting Person(s) to				
VL - II - NL - L - L -				Symbol				Issuer				
			•	AMYRIS, INC. [AMRS]								
(Last)	(First) (Middle)	3 Date of	f Farliest 7	Fransaction			(Check	k all applicable)		
(2400)	(1100) (1	(induite)	(Month/D		ransaction			Director	10%	Owner		
				5/16/2016				\underline{X} Officer (give title $$ Other (specify				
STREET, S	UITE 100							below) General Co	below) ounsel and Seci	etarv		
	(Street)		4 TE A									
	(Sileet)		4. If Affie Filed(Mor		Date Original			6. Individual or Jo Applicable Line)	ant/Group Film	Ig(Check		
			1 neu(moi	nii/Day/10	ai)			_X_ Form filed by C	One Reporting Pe	rson		
EMERYVILLE, CA 94608					Form filed b				More than One Reporting			
		(7:)						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-	Derivative S	Securiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securit	-		5. Amount of	6. Ownership			
Security	(Month/Day/Year)		n Date, if	Transact Code	ion(A) or Dis	-		Securities	Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month/I	Day/Year)	(Instr. 8)	(Instr. 3, 4	Fand 3)		Beneficially Owned	(D) or Indirect (I)	Ownership		
		X		(Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V		(D)	Price	(Liber e und I)				
Common Stock	05/16/2016			А	150,000 (1)	А	\$0	414,246	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)	5. Number of orDerivative Securities Acquired (A) of Disposed of (D (Instr. 3, 4, and 5))	Date	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (E	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right To Buy)	\$ 0.59	05/16/2016		А	150,000	<u>(2)</u>	05/16/2026	Common Stock	150,000

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

/s/ Nicholas Khadder	05/18/2016		
<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) Represents a restricted stock unit award that vests in three successive equal annual installments, with the first 1/3rd of the units vesting on May 1, 2017.
- (2) The stock option vests as to 1/4th of the total number of shares subject to the option on May 16, 2017, and thereafter vests as to 1/48th of 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.