## Edgar Filing: AMYRIS, INC. - Form 4

AMYRIS, II	NC.										
Form 4 May 17, 201	7										
									OMB AF	PROVAL	
FORM	UNITED	STATES			ND EXC D.C. 205		GE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	ner								Expires:	January 31, 2005	
subject to	F CHAN	CHANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated average				
Section 1 Form 4 c				SECUR	IIIES				burden hour response	rs per 0.5	
Form 5	Filed pu	rsuant to S	Section 1	6(a) of th	e Securitie	es Exc	change	e Act of 1934,	16300136	0.0	
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17			•	ding Comp Company			1935 or Section 0	n		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Cherry Joel			2. Issuer Name <b>and</b> Ticker or Trading Symbol AMYRIS, INC. [AMRS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (	(Middle)	3. Date of (Month/D	f Earliest Ti	ansaction			Director	10%	Owner	
C/O AMYR STREET, S	RIS, INC., 5885 H UITE 100	HOLLIS	05/15/2	-				Officer (give below)		er (specify	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check	
FMFRVVI	LLE, CA 94608		Filed(Mor	nth/Day/Year	)			Applicable Line) _X_ Form filed by C Form filed by M			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative So	ecuriti	es Acqı	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Executio any		Code	4. Securitie on(A) or Disp (Instr. 3, 4	posed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/15/2017			А	371,000 (1)	А	\$0	943,271	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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) of Disposed of (I (Instr. 3, 4, and 5)	Expiration I (Month/Day or D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right To Buy)	\$ 0.32	05/15/2017		А	159,000	(2)	05/15/2027	Common Stock	159,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Cherry Joel C/O AMYRIS, INC. 5885 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608			President of R&D				
Signatures							
/s/ Joel Cherry by Stephen Dobson, Attorney-in-Fact	05/17/2017						
**Signature of Reporting Person		Date	e				

## **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, 2018.
- (2) The stock option vests as to 1/4th of the total number of shares subject to the option on May 1, 2018, 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.