## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Person <u>*</u>		3. Issuer Name and Ticker or Trading Symbol AMYRIS, INC. [AMRS]			
(Middle)	08/07/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
C/O AMYRIS, INC., 5885 HOLLIS STREET, SUITE 100 (Check			all applicable)		
94608		X_ Officer (give title below	w) (specify below	w) tary	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(Zip)	Table I - N	Non-Derivat	tive Securitie	es Ber	neficially Owned
			Ownership	4. Natu Owner (Instr.	1
te line for each	ch class of securities benefici	ially S	EC 1473 (7-02)		
ation conta ed to respo tly valid OM	ined in this form are not nd unless the form displ IB control number.	ays a	warrants, optic	ons, co	onvertible securities)
	(Middle) 5885 TE 100 94608 (Zip) tte line for each s who resp ation conta ed to respon tly valid OM	Statement (Month/Day/Year) (Middle) 08/07/2017 5885 TE 100 (Zip) <b>Table I - N</b> 2. Amount of Beneficially (Instr. 4) tet line for each class of securities beneficiants in swho respond to the collection of ation contained in this form are not ed to respond unless the form displicitly valid OMB control number.	Statement (Month/Day/Year)  AMYRIS,    (Middle)  08/07/2017  4. Relationsh Person(s) to I    5885  (Check    TE 100  (Check    94608  Director (give title below General Co    (Zip)  Table I - Non-Derivat    2. Amount of Securities Beneficially Owned (Instr. 4)  Securities    stet line for each class of securities beneficially  S    as who respond to the collection of ation contained in this form are not ed to respond unless the form displays a thy valid OMB control number.  S	Statement (Month/Day/Year)  AMYRIS, INC. [AMRS    (Middle)  08/07/2017  4. Relationship of Reporting Person(s) to Issuer    5885  (Check all applicable)    5885	Statement (Month/Day/Year)  AMYRIS, INC. [AMRS]    (Middle)  08/07/2017  4. Relationship of Reporting Person(s) to Issuer    5885 TE 100  (Check all applicable) <sup></sup> Officer (give title below)  10% Owner (Give title below)    94608 <sup></sup> Officer (give title below)  10% Owner (Specify below)    (Zip) <b>Table I - Non-Derivative Securities Ber</b> 2. Amount of Securities     3. 4. Nath Beneficially Owned (Instr. 4)    0wnership (Instr. 4)     Ownership Ownership Form: (Instr. Direct (D) or Indirect (I) (Instr. 5)    tte line for each class of securities beneficially who respond to the collection of ation contained in this form are not ed to respond unless the form displays a

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January 31,

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Expires:

response...

Estimated average burden hours per

(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
KELSEY NICOLE C/O AMYRIS, INC. 5885 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608	Â	Â	General Counsel and Secretary	Â		
Signatures						
/s/ Nicole Kelsey by Vincent Fontanill Attorney-in-Fact	a,		08/16/2017			
**Signature of Reporting Person			Date			
Explanation of Respo	neae					

## **Explanation of Responses:** No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.