## Edgar Filing: HIXSON HARRY F JR - Form 4

HIXSON HA Form 4 April 01, 200											
<b>FORM 4</b> Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section				URITIES AND EXCHANGE ( Vashington, D.C. 20549 ANGES IN BENEFICIAL OW SECURITIES n 16(a) of the Securities Exchange Utility Holding Company Act o				<b>NERSHIP OF</b> ge Act of 1934, of 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	irs per	
See Instru- 1(b).	ction	30(h)	of the Inv	vestment (	Compan	y Act	of 19	40			
1. Name and Address of Reporting Person *       2. Issue         HIXSON HARRY F JR       Symbol				er Name <b>and</b> Ticker or Trading ay Pharmaceuticals, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				f Earliest Transaction Day/Year) 009				X_ Director 10% Owner Officer (give title Other (specify below) below)			
EMEDVAII	(Street) 4. If Amendment, Date Original 6. In Filed(Month/Day/Year) Appl					Applicable Line) _X_ Form filed by	or Joint/Group Filing(Check e) by One Reporting Person by More than One Reporting				
(City)	(State)	8 (Zip)			•			Person			
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	Date 2A. Dee ear) Executio any	emed	3.	4. Securi onAcquirec Disposec (Instr. 3,	ties l (A) o l of (D 4 and (A) or	or ))	quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
Common Stock	03/30/2009			А	236	А	\$0	12,651	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

S

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HIXSON HARRY F JR C/O NOVABAY PHARMACEUTICALS, INC 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608	Х					
Signatures						
/s/ Theresa Granados, Attorney-in-Fact for Harry Hixson Jr.	v F.	04/01/2009				
<u>**</u> Signature of Reporting Person			Date			
Evalenction of Dechenory						

## 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).

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.