Edgar Filing: NovaBay Pharmaceuticals, Inc. - Form 4

NovaBay Pharmaceuticals, Inc. Form 4

November	01, 2011									
FORM	ЛД							PPROVAL		
	UNITED	STATES SEC	URITIES A Vashington		N OMB Number:	3235-0287				
Check t if no los	ngor									
subject Section Form 4	16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES						average urs per . 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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)									
1. Name and WU ROY	Address of Reporting J	Symb				5. Relationship Issuer	5. Relationship of Reporting Person(s) to Issuer			
			aBay Pharm Y]	aceutical	ls, Inc.	(Check all applicable)				
(Last)	(First) (te of Earliest T th/Day/Year)	Transaction		Director 10% Owner X Officer (give title Other (specify				
	ABAY CEUTICALS, IN STREET, SUITE	10/2 C., 5980	7/2011			below) SVP Bu	below) s & Corp Develo	opment		
(Street)			Amendment, D	ate Origina	al	6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Yea	ar)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
EMERYV	ILLE, CA 94608					Person	whole than one it	epotting		
(City)	(State)	(Zip) 1	able I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Re	eport on a separate line	e for each class of s	securities bene	-	-	-				
				Perso	ons who re	spond to the colle	ection of S	SEC 1474		

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	on Date 3A. Deemed 4. 5. Number of //Year) Execution Date, if any Code Securities (Month/Day/Year) (Instr. 8) Acquired (A or Disposed (D) (Instr. 3, 4, and 5)		A)	6. Date Exercis Expiration Dat (Month/Day/Y	e	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		
Option (right to buy) (1)	\$ 1.09	10/27/2011		А	56,000		10/27/2012	10/27/2021	Common Stock	56,000		
Reporting Owners												
Reporting Owner Name / Address				Relationships rector 10% Owner Officer					Other			
WU ROY	WU ROY J											

SVP Bus & Corp Development

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**Signature of Reporting Person

Explanation of Responses:

/s/ Theresa Granados, as Attorney-in-Fact for

C/O NOVABAY PHARMACEUTICALS, INC.

5980 HORTON STREET, SUITE 550

EMERYVILLE, CA 94608

Signatures

Roy Wu

- * 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).
- Twenty-five percent (25%) of the option shares vest and become exercisable on the first anniversary of the date of grant, and the balance
 (1) of the option shares vest and become exercisable in a series of twelve (12) equal installments upon the completion of each three (3) months beginning October 27, 2012.

11/01/2011

Date

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.