#### Edgar Filing: Havey Adam - Form 4

Havey Adam Form 4	1										
March 09, 20	)18										
<b>FORM</b>	14								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Subject to Section 16. Form 4 or				IGES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a inue. Section 17(a	a) of the	Public U		ling Con	npany	y Act of	e Act of 1934, E 1935 or Section 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Havey Adam			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
Emerger				nt BioSolutions Inc. [EBS]				(Check all applicable)			
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction				10% Owner				
400 PROFE 400	SSIONAL DR, S	UITE	(Month/D 03/07/2	-				Director X Officer (give below) EVP, Bu		er (specify	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GAITHERS	BURG, MD 208	79						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				d of (D)	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	03/07/2018			М	6,573	А	\$ 22.03	39,573	D		
Common Stock	03/07/2018			F	2,843 (1)	D	\$ 50.43	36,730	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.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Derivative Expiration Date urities (Month/Day/Year) uured or posed of tr. 3, 4,			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
Stock Option (Right to Buy) (2)	\$ 22.03	03/07/2018		М		6,573	03/14/2014 <u>(3)</u>	03/14/2018	Common Stock	6,573

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Havey Adam			EVP,				
400 PROFESSIONAL DR, SUITE 400			Business				
GAITHERSBURG, MD 20879			Operations				

## Signatures

/s/ Eric Burt,	03/09/2018
Attorney-in-fact	03/09/2016

\*\*Signature of Reporting Person

### **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) Consists of shares owned by the reporting person and delivered to the issuer to satisfy the reporting persons exercise price for the reported stock option exercise.
- (2) Consists of options granted under the Amended and Restated Emergent BioSolutions Inc. 2006 Stock Incentive Plan, as amended.

The option vested in three equal installments in March 2012, March 2013 and March 2014. Each option represents the right of the

(3) reporting person to receive one share of common stock of Emergent BioSolutions Inc., subject to adjustment as provided in the grant agreement.

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.