FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Harsanyi Zsolt</u>						2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS]									eck all appli	cable)	ng Per	son(s) to Iss		
					_										X Directo			10% O	·	
(Last)	,	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014										Officer (give title below)		Other (: below)	specify	
2273 RESEARCH BLVD																				
SUITE 400						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														- 1	,	filed by On	e Ren	orting Perso	ın I	
ROCKVILLE MD 20850														_	filed by Mo		n One Repo			
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	า-Deriง	ative	Se	curities	s Ac	quired	Dis	posed o	of, or B	ene	ficial	y Owne	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	action (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					es Fo ially (D Following (I)		Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 05/22/					2/2014	/2014			A		4,700	O ⁽²⁾ A		\$ <mark>0</mark>	19	19,100		D		
		7	able II -								osed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (In				6. Date E Expiratio (Month/D	n Date		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		expiration pate	Title	or Nu of	ımber						
Director Stock Option (right to	\$20.44	05/22/2014			A		9,400		(3)	0	5/21/2021	Common Stock	9	,400	\$0	9,400)	D		

Explanation of Responses:

- 1. Consists of restricted stock units granted under the Third Amended and Restated Emergent BioSolutions Inc. 2006 Stock Incentive Plan.
- 2. These restricted stock units vest in three equal annual installments beginning on the first anniversary of the date of grant, assuming continued service with the company or, if the Company's Annual Meeting of Stockholders occurs prior to such date for any year, on the day prior to such year's Annual Meeting of Stockholders. Each restricted stock unit represents the right of the Reporting Person to receive one share of common stock of Emergent BioSolutions Inc., subject to adjustment as provided in the grant agreement.
- 3. The option will vest in three equal annual installments beginning on the first anniversary of the date of grant, assuming continued service with the company or, if the Company's Annual Meeting of Stockholders occurs prior to such date for any year, on the day prior to such year's Annual Meeting of Stockholders.

Remarks:

/s/Eric Burt, attorney-in-fact 05/23/2014

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.