FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | |
|---|------------------------|-----------|--|--|--|
| | OMB Number: | 3235-0287 | | | |
| l | Estimated average burd | en | | | |
| l | hours per response: | 0.5 | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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>Niederhuber John</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS] | | | | | | | | | Relationsh heck all ap | olicable) | g Person(s) t | S Issuer | |
|--|--|--|--|-------|---|--|--|-----|--|---|-----------|-------|---|-------------------|---|---|---|---------------------------------------|--|
| (Last) (First) (Middle) 400 PROFESSIONAL DR, SUITE 400 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015 | | | | | | | | | er (give title w) | Oth bel | er (specify ow) | |
| (Street) GAITHERSBURG MD 20879 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5) | | | | | nd Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | | Code | v | Amount (/ | | N) or D) | Price | Trans | action(s) 3 and 4) | | (111311.4) | |
| Common Stock ⁽¹⁾ 05/21/ | | | | | | | 2015 | | A | | 9,400(2) | | Α | A \$0 | | 30,300 | D | | |
| | 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) | | | | Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Exercisal | | Date | Title | Shar | es | | | | | |

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. 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.

Remarks:

/s/Eric Burt, attorney-in-fact 05/21/2015

** Signature of Reporting Person Date

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

- * 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.