FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	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* Niederhuber John				2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																	
INTEGETTION TOTAL													2	X Directo	or		10% Ov	vner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/23/2010								Officer (give title Other (spec below) below)							
2273 RE	SEARCH 1	BLVD, SUITE 4	00																		
					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						(Montal But)									Line)						
ROCKV	HIF N	MD	20850											2	K Form f	iled by One	e Repo	orting Perso	n		
ROCKV	ILLE IV	ID	20030												Form f	iled by Mor	re thar	n One Repo	rting		
-					_										Persor	1					
(City)	(5	State)	(Zip)																		
		Tak	le I - Noi	n-Deri	vativ	e Se	curities	s Ac	quired, [Disp	osed o	of, or E	3ene	eficiall	y Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month)				2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)			(A) or 3, 4 and	5. Amount of 4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
						,		` ` 		100			- Reported	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
									Code	V	Amount	it (A) or P				Price					
Common Stock ⁽¹⁾ 08/23				23/201	2010		A		5,400 ⁽²⁾ A		\$0	5,	5,400		D						
			Table II -	Deriva	ative	Sec	urities	Acai	uired. Di	sno	sed of	or Be	nef	icially	Owned						
									, options												
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	N C	Amount or Number of Shares							
Director Stock Option (right to buy)	\$17.56	08/23/2010			A		10,800		(3)	0	8/22/2020	Comm Stock		10,800	\$0	10,800	0	D			

Explanation of Responses:

- 1. Consists of restricted stock units granted under the Amended and Restated Emergent BioSolutions Inc. 2006 Stock Incentive Plan.
- 2. These restricted stock units vest in three equal annual installments beginning on the day prior to 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.
- 3. The option will vest in three equal installments on August 23, 2011, August 23, 2012 and August 23, 2013.

Remarks:

/s/R. Don Elsey, attorney-in-

09/15/2010

** 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.