Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

,

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL    |            |  |  |  |  |  |  |  |
|-----------------|------------|--|--|--|--|--|--|--|
| OMB Number:     | 3235-0287  |  |  |  |  |  |  |  |
| Estimated avera | age burden |  |  |  |  |  |  |  |
| hours per respo | onse: 0.5  |  |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person* SULLIVAN LOUIS W   |   |  |  |                                 |       | 2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [ EBS ] |        |  |   |        |                       |   |  | heck all appl  | onship of Reporting<br>Il applicable)<br>Director   |                     | Person(s) to Issuer<br>10% Owner   |                                       |
|---|---|--|--|---------------------------------|-------|--|--------|--|---|--------|-----------------------|---|--|--|---|---------------------|--|---------------------------------------|
| (Last)  | `   | irst)<br>AL DR, SUITE 4                    | (Middle)                                     |                                 |       | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2016                    |        |  |   |        |                       |   |  | Office<br>below  | r (give title<br>)  |                     | Other (below)  | specify                               |
| (Street) GAITHE (City)  | reet) AITHERSBURG MD 20879 ity) (State) (Zip) |  |  |                                 | -     | 4. If Amendment, Date of Original Filed (Month/Day/Year)                       |        |  |   |        |                       |   |  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |                     |  |                                       |
| 1. Title of Security (Instr. 3) 2. Trans: Date  |   | 2. Transa                                  | ction  | tion 2A. Deemed Execution Date, |       | 3.<br>Transaction<br>Code (Instr.  |        | 4. Securities Acquired (A) o<br>Disposed Of (D) (Instr. 3, 4 a |   |        | or 5. Amount of       |   | Form:<br>(D) or                        |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |                     |  |                                       |
|   |   |  |  |                                 |       |  |        |  | Code  | v      | Amount                | (A) or<br>(D)   | Price                                  | Transa<br>(Instr. 3  | ction(s)  |                     |  | (Instr. 4)                            |
| Common  | Common Stock <sup>(1)</sup>                   |  | 03/10/                                       | 0/2016                          |       |  |        | М  |   | 14,820 | A                     | \$10.2  | 28 43                                  | 43,320   |   | D                   |  |                                       |
| Common  | Stock <sup>(1)</sup>                          |  |  | 03/10/                          | /2016 |  |        |  | S   |        | 14,820                | D   | \$35.3                                 | 4 <sup>(2)</sup> 28  | 28,500 D  |                     |  |                                       |
|   |   | -  | Table II ·                                   |                                 |       |  |        |  |   |        | osed of,<br>convertil |   |  | / Owned  |   |                     |  |                                       |
| 1. Title of Derivative Security (Instr. 3)  2. Conversic or Exercise Price of Derivative Security |   | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date, Transac<br>Code (In       |       |  | ion of |  | 6. Date Exercis.<br>Expiration Date<br>(Month/Day/Yea |        | te                    | 7. Title an<br>of Securit<br>Underlyin<br>Derivative<br>(Instr. 3 a | ies<br>g<br>Security                   | Derivative<br>Security   | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e C<br>S F<br>Ily C | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  |                                 | Code  | v  | (A)    | (D)  | Date<br>Exercisa                                      | able   | Expiration<br>Date    | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |   |                     |  |                                       |
| Stock<br>Option <sup>(1)</sup>  | \$10.28                                       | 03/10/2016                                 |  |                                 | M     |  |        | 14,820   | (3)   |        | 06/29/2016            | Common<br>Stock   | 14,820                                 | \$0  | 14,87   | 9                   | D  |                                       |

## **Explanation of Responses:**

- 1. Consists of an option granted under the company's stock incentive plan on June 30, 2006.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.20 to \$34.52, inclusive.
- 3. The option vested in three equal installments in June 2007, 2008 and 2009.

/s/ Eric Burt, attorney-in-fact 03/14/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.