FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Havey Adam						2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS]								(Chec	k all applic Directo			rson(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) 400 PROFESSIONAL DR, SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017								X	below)	Officer (give title Dother (specify below) EVP, Biodefense Divison				
(Street) GAITHERSBURG MD 20879 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form fi	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or Be	nefic	ially	Owned					
Date							2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ally Following	Form	: Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pric	се	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
Common	02/2	2/28/2017				A		4,285	²⁾ A \$0		0.00	38,	38,618		D					
Common Stock 02/					28/2017				А		4,285	4,285 ⁽³⁾ A \$		0.00	42,903			D		
Common Stock ⁽¹⁾ 02/28					8/201	7			F		938	D	\$3	30.63	41,	1,965		D		
		-	Гable II -								osed of, onvertil				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/Day	Date,	4. Transa Code (I 8)		of E		6. Date Ex Expiration (Month/Da	Date	of Securities		ties ng e Secur	1	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration pate	Title	Amou or Numl of Share	ber						
Employee Stock Option (right to	\$30.63	02/28/2017			A		17,134		(4)	(02/27/2024	Common Stock	17,1	.34	\$30.63	17,134	1	D		

Explanation of Responses:

- 1. Consists of restricted stock units granted under the Amended and Restated Emergent BioSolutions Inc. 2006 Stock Incentive Plan, as amended.
- 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. Consists of performance stock units granted under the Amended and Restated 2006 Emergent BioSolutions Inc. Stock Incentive Plan, as amended. Each PSU represents a right to receive one share of common stock. The PSUs vest upon achievement with respect to net income as a percentage of total revenue for the 2019 fiscal year, each as determined in accordance with GAAP, as certified by the Compensation Committee following the performance period.
- 4. Vests in three equal installments on February 27, 2018, February 27, 2019 and February 27, 2020.

03/02/2017 /s/ Eric Burt, Attorney-in-fact

** Signature of Reporting Person

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.