FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | OVAL      |  |  |  |  |
|---|------------------------|-----------|--|--|--|--|
|   | OMB Number:            | 3235-0287 |  |  |  |  |
| l | Estimated average burd | en        |  |  |  |  |
|   | 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* Biologika, L.L.C.    |   |      |           |                               |                 | 2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [ EBS ]                                    |        |  |                   |           |   |         |                                   |                                  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify below)  Member 13(d) group owning >10% |                              |  |  |  |  |
|---|---|------|-----------|-------------------------------|-----------------|---|--------|--|-------------------|-----------|---|---------|-----------------------------------|----------------------------------|--|------------------------------|--|--|--|--|
| (Last) (First) (Middle) 11308 GLEN RD.                        |   |      |           |                               |                 | 3. Date of Earliest Transaction (Month/Day/Year) 04/16/2008   |        |  |                   |           |   |         |                                   |                                  |  |                              |  |  |  |  |
| (Street) POTOMA (City)  | OTOMAC MD 20854   |      |           |                               | 4. If           | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |        |  |                   |           |   |         |                                   | Line)                            | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person                       |                              |  |  |  |  |
|   |   | Tabl | e I - Non | -Deriva                       | ative           | Sec   | uritie | s Acc  | quired,           | Dis       | posed o   | f, or E | Bene                              | ficially                         | Owne   | ed                           |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |      |           |                               | Execution Date, |   |        | n Date,  | Code (Instr.   5) |           |   |         |                                   | Securi<br>Benefi                 | cially<br>I Following  | Form:                        | nership<br>Direct<br>Indirect<br>str. 4)                                 | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |
|   |   |      |           |                               |                 | Code  | v      | Amount   | (A<br>(D          | ) or<br>) | Price   | Transa  | action(s)<br>3 and 4)             |                                  |  | (mour 4)                     |  |  |  |  |
| Common  | /2008   |      |           | J <sup>(1)</sup>              |                 | 54,680  |        | A  | (1)               | 1,429,764 |   | D       |                                   |                                  |  |                              |  |  |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |      |           |                               |                 |   |        |  |                   |           |   |         |                                   |                                  |  |                              |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any   Conversion   Table 1   Conversion   Conversion   Date   Table 2   Conversion   Date   Date |      |           | 4.<br>Transa<br>Code (I<br>8) |                 | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                   |           | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |         | De<br>Se<br>(In:                  | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)   | Ov<br>Fo<br>Dii<br>or<br>(I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |      |           |                               | Code            | v   | (A)    | (D)  | Date<br>Exercisal |           | Expiration<br>Date  | Title   | Amou<br>or<br>Numb<br>of<br>Share | per                              |  |                              |  |  |  |  |

## **Explanation of Responses:**

1. In-kind pro rata distribution from BioPharm, L.L.C., of which the reporting person is a non-managing member, for no consideration.

/s/ Carl A. Valenstein, attorneyin-fact 04/18/2008

\*\* 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.