

CODEXIS INC
Form 4
June 17, 2016

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Dorgan Byron L

(Last) (First) (Middle)

C/O CODEXIS, INC., 200
PENOBSCOT DRIVE

(Street)

REDWOOD CITY, CA 94063

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
CODEXIS INC [CDXS]

3. Date of Earliest Transaction
(Month/Day/Year)
06/15/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount (D) Price		
Common Stock	06/15/2016		A		20,094 (1)	A	\$ 0 176,776 D

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

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 control number.

SEC 1474
(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Dorgan Byron L C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063		X		

Signatures

/s/ Gordon Sangster, Attorney-in-Fact for Byron Dorgan 06/17/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Restricted stock. The shares vest on the earlier of June 15, 2017 or the date of the Issuer's 2017 annual meeting of stockholders.
- Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number. colspan=5>

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10. CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES []

Not Applicable

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

5.2%

12. TYPE OF REPORTING PERSON

IN

SCHEDULE 13G

CUSIP No. 001930205

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ITEM 1. (a) NAME OF ISSUER

ARI NETWORK SERVICES, INC.

(b) ADDRESS OF ISSUER S PRINCIPAL EXECUTIVE OFFICES

10850 West Park Place, Suite 1200, Milwaukee, Wisconsin 53224

ITEM 2. (a) NAME OF PERSON FILING

ROY W. OLIVIER

(b) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE

10850 West Park Place, Suite 1200, Milwaukee, Wisconsin 53224

(c) CITIZENSHIP

WISCONSIN, USA

(d) TITLE OF CLASS OF SECURITIES

COMMON STOCK

(e) CUSIP NUMBER

001930205

ITEM 3. IF THIS STATEMENT IS FILED PURSUANT TO SECTIONS 13d-1(b) OR 13d-2(b) or (c), CHECK WHETHER THE PERSON FILING IS A:

- | | | |
|-----|--------------------------|--|
| (a) | <input type="checkbox"/> | Broker or dealer registered under Section 15 of the Act (15 U.S.C. 78o); |
| (b) | <input type="checkbox"/> | Bank as defined in Section 3(a)(6) of the Act (15 U.S.C. 78c); |
| (c) | <input type="checkbox"/> | Insurance company as defined in Section 3(a)(19) of the Act (15 U.S.C. 78c); |
| (d) | <input type="checkbox"/> | Investment company registered under Section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8); |
| (e) | <input type="checkbox"/> | An investment adviser in accordance with Section 13d-1(b)(1)(ii)(E); |

Explanation of Responses:

(f)

[]

An employee benefit plan or endowment fund in accordance with Section 13d-1(b)(1)(ii)(F);

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- ITEM 3.** (g) [] A parent holding company or control person in accordance with Section 13d-1(b)(1)(ii)(G);
- Continued** (h) [] A savings association defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
- (i) [] A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940 (15 U.S.C. 80a-3);
- (j) [] A non-U.S. institution in accordance with Section 13d-1(b)(ii)(J);
- (k) [] Group, in accordance with Section 13d-1(b)(1)(ii)(K).

ITEM 4. OWNERSHIP

(a)	Amount Beneficially Owned	686,250
(b)	Percent of Class	5.2%
(c)	Number of Shares as to which the person has:	
(i)	Sole power to vote or to direct the vote:	498,946
(ii)	Shared power to vote or to direct the vote:	187,754
(iii)	Sole power to dispose or to direct the disposition of:	498,496
(iv)	Shared power to dispose or to direct the disposition of:	187,754

The detail of Mr. Olivier's beneficial ownership as of December 31, 2013 is as follows:

	Sole Voting/Dispositive Power	Shared Voting/Dispositive Power	Total
Shares owned outright	135,250		

Explanation of Responses:

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Shares held in Mr. Olivier's 401(k) (vested)	<u>13,246</u>		
Total shares owned	148,496		
Options exercisable within 60 days	<u>350,000</u>		
Total shares and options owned			
Total shares in ARI 401(k) Plan (Note 1)		201,000	
Less: Mr. Olivier's 401(k) shares included above		<u>13,246</u>	
Total reported shares and options	498,496	187,754	686,250

(1)

Mr. Olivier is one of two trustees of ARI's 401(k) Plan.

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ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following

ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON

Not Applicable.

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ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY

Not Applicable

ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP

Not Applicable

ITEM 9. NOTICE OF DISSOLUTION OF GROUP

Not Applicable

ITEM 10. CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of our knowledge and belief, the undersigned certifies that the information set forth in this statement is true, complete and correct.

Dated as of the 12th day of February, 2014

/s/ Roy W. Olivier

Signature

Roy W. Olivier, President and Chief Executive Officer

Name/Title