### Edgar Filing: NOVAVAX INC - Form 4

NOVAVAX	INC											
Form 4												
August 12, 2	005											
FORM				TEC			TT 4 N				PPROVAL	
Check thi	UNITEDS	Washington, D.C. 20549									3235-0287	
if no long	er										January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICI					CIAI	JOW	NERSHIP OF		ated average			
Section 1 Form 4 or		SECURITIES						burden hours per response 0.5				
Form 5	Filed purs	uant to Sec	tion 16	(a) of t	he	Securitie	es Ex	chang	e Act of 1934,	165p01156	0.5	
obligatior may conti	$^{18}$ Section 17(a)							•	f 1935 or Sectio	n		
See Instru		30(h) of	the Inv	vestmen	nt C	Company	Act	of 194	40			
1(b).												
(Print or Type R	Responses)											
1. Name and Address of Reporting Person * Hage Raymond Joseph2. Issuer Symbol				uer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
		•		AX IN	[C	[NVAX]			(Cha)	le all annliachte	.)	
(Last)	(First) (M	liddle) 3.	Date of l	Earliest 7	Trai	nsaction			(Chec	ck all applicable	:)	
(Month/Da			Ionth/Da	/Day/Year)					Director 10% Owner			
115 APPLE	GATE DRIVE	08	3/10/20	05					X Officer (give below)	e title Othe below)	er (specify	
									S	sr. VP, COO		
(Street) 4. If Amer			If Amen	endment, Date Original					6. Individual or Joint/Group Filing(Check			
		Fil	led(Mont	h/Day/Ye	ar)				Applicable Line) _X_ Form filed by	One Penerting Pe		
WEST CHE	STER, PA 19382									More than One Re		
(City)	(State) (	Zip)	Table	I - Non-	-De	rivative S	ecurit	ies Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed		3.					5. Amount of	6. Ownership	-	
Security	(Month/Day/Year)	Execution D	ate, if			n(A) or Dis			Securities	Form: Direct		
(Instr. 3)		any (Month/Day	(Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intoinini, Duy	, 1041)	(mou. o	,	(111501-5),	i una c	<i>'</i> )	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	00/10/0007					75,000		<u>(1)</u>	5 050 (2)	D		
Stock (\$.01 par value)	08/10/2005			А		(1)	А	(2)	5,250 <u>(3)</u>	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.

 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. Transacti Code (Instr. 8)	5. Number o orDerivative Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
$\underbrace{Option}_{(2)}$	\$ 0.74	08/10/2005		А	100,000 (2)		08/10/2006	08/10/2015	Common	100,00 (2)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
reporting o ther raine ( rau ess	Director	10% Owner	Officer	Other			
Hage Raymond Joseph 115 APPLEGATE DRIVE WEST CHESTER, PA 19382			Sr. VP, COO				

# Signatures

Dennis W. Genge	08/12/2005		
Attorney-in-Fact	08/12/2003		
<u>**Signature of Reporting Person</u>	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 grant pursuant to the 2005 Stock Incentive Plan.
- (2) Exercisable as to 1/3 of the shares on each of the first three anniversaries of the date of grant.
- (3) Amount of Securities Beneficially Owned does not include the Restricted Stock as it vests over a three year period and no shares are currently vested.

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.