INTEGRATED BIOPHARMA INC

Form 5

February 23, 2007

OMB APPROVAL FORM 5

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

January 31, Expires: 2005

3235-0362

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

(Last)

1. Name and Address of Reporting Person * **DESANTIS CARL**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

OMB

Number:

INTEGRATED BIOPHARMA INC

(Check all applicable)

[INB] (Middle)

3. Statement for Issuer's Fiscal Year Ended

_X__ Director Officer (give title

below)

_X__ 10% Owner Other (specify

below)

(Month/Day/Year) 11/01/2006

C/O INTEGRATED BIOPHARMA. INC., 225 LONG AVENUE

(First)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

HILLSIDE, NJÂ 07025

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)

(State)

(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Zip)

Transaction Code

(Instr. 8)

4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned at end of Issuer's

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

7. Nature of Indirect Beneficial Ownership (Instr. 4)

or Amount (D) Price

(A)

Fiscal Year (Instr. 3 and 4)

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 2270 (9-02)

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

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Transaction Derivative

6. Date Exercisable and 5. Number of **Expiration Date**

7. Title and Amour Underlying Securit

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | (Instr. 3 and 4) | |
|---|---|------------|-------------------------|-----------------|---|-----|---------------------|--------------------|------------------|-----------------------------|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amor or Numl of Sh |
| Employee Stock Options (Right to Buy) | \$ 9.9 | 12/04/2003 | Â | A | 25,000 | Â | 12/04/2004 | 12/04/2013 | Common Stock | 25,0 |
| Employee Stock Options (Right to Buy) | \$ 6.3 | 09/21/2004 | Â | A | 25,000 | Â | 09/21/2005 | 09/21/2014 | Common Stock | 25,0 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---------------------------------------|---------------|-----------|---------|-------|--|--|--|
| · · · · · · · · · · · · · · · · · · · | Director | 10% Owner | Officer | Other | | | |
| DESANTIS CARL | | | | | | | |
| C/O INTEGRATED BIOPHARMA, INC. | â v | ÂΧ | â | â | | | |
| 225 LONG AVENUE | АЛ | АЛ | A | A | | | |
| HILLSIDE, NJ 07025 | | | | | | | |

Signatures

/s/ Carl DeSantis 02/13/2007

**Signature of Date
Reporting Person

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) Granted to the Reporting Person in connection with the Reporting Person's service as a director of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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