## Edgar Filing: NovaBay Pharmaceuticals, Inc. - Form 4

NovaBay Pharmaceuticals, Inc. Form 4 March 23, 2009

March 23, 200	)9										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16. Form 4 or Form 5	r STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31 2005Estimated average burden hours per response0.5		
obligations may contin <i>See</i> Instruc 1(b).	Section 17(a)		Utility Hold	ling Com	pany	Act o	ge Act of 1934, if 1935 or Sectio 40	)n			
(Print or Type Re	esponses)										
Cashion Charles Sy						-	5. Relationship of Reporting Person(s) to Issuer				
		[NBY	Bay Pharma ]	iceuticais	, mc.		(Che	ck all applicable	e)		
(Last) C/O NOVAB			of Earliest Tr /Day/Year) /2009	ansaction			X Director Officer (give below)		6 Owner er (specify		
PHARMACE	EUTICALS, INC. TREET, SUITE 5	., 5980	2009								
	(Street)		nendment, Da onth/Day/Year	-			6. Individual or J Applicable Line) _X_Form filed by	One Reporting Po	erson		
EMERYVILI	LE, CA 94608						Form filed by Person	More than One Ro	eporting		
(City)	(State) (Z	Zip) Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	asaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/19/2009		A	727	A	\$ 0	21,315	Ι	By the Charles J. Cashion and Martha Diane Cashion Trust u/d/t dated July 27, 1998		

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						-	- · ·		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
					. , . ,						
Reno	rtina O	wnore									

## **Reporting Owners**

Reporting Owner Name / AddressRelationshipDirector10% OwnerOfficerOtherCashion Charles<br/>C/O NOVABAY PHARMACEUTICALS, INC.<br/>5980 HORTON STREET, SUITE 550<br/>EMERYVILLE, CA 94608XXXXSignatures<br/>(s/ Theresa Granados, as Attorney-in-Fact for Charles J.<br/>Cashion03/23/2009Date

## **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).

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.