### Edgar Filing: INTROGEN THERAPEUTICS INC - Form 4

#### INTROGEN THERAPEUTICS INC

Form 4 April 06, 2006

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

**OMB** Number:

Expires:

3235-0287

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, 2005

0.5

Estimated average

**OMB APPROVAL** 

burden hours per

response...

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

may continue.

See Instruction

Check this box

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

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

Common

04/04/2006

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Aventis Inc. Issuer Symbol INTROGEN THERAPEUTICS INC (Check all applicable) [INGN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_\_X\_\_ Other (specify Officer (give title (Month/Day/Year) below) below) 3711 KENNETT PIKE, SUITE 200, 04/04/2006 10% owner and beneficial owner (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person X\_ Form filed by More than One Reporting GREENVILLE, DE 19807 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Form: Direct Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) Indirect (I) Ownership (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

S

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

4,084,866

Ι

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

65,845

D

SFN (1)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					4, and 5)	Date	Expiration		Amount		
				Code V	/ (A) (D)	Exercisable	Date	Title	Number of Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

> > 10% owner and beneficial owner

Aventis Inc.

10% owner and beneficial owner 3711 KENNETT PIKE, SUITE 200

GREENVILLE, DE 19807

**AVENTIS HOLDINGS INC** 

3711 KENNETT PIKE

**SUITE 200** 

GREENVILLE, DE 19807

# **Signatures**

Kathleen A. Winter, 04/06/2006 President

Date

\*\*Signature of Reporting Person

Kathleen A. Winter, 04/06/2006 President

\*\*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).

For reporting person Aventis Holdings Inc., reflects ownership of (i) 1,741,145 shares of common stock owned directly by Aventis (1) Holdings Inc., and (ii) 2,343,721 shares of common stock owned by its subsidiary Aventis Pharmaceuticals Inc. For reporting person Aventis Inc., reflects ownership of shares owned directly by Aventis Holdings Inc. and Aventis Pharmaceuticals Inc.

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.

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