Edgar Filing: Sapan Christine - Form 4

| Sapan Chris Form 4 | stine | | | | | | | | | |
|--|---|--|---|-----------------------|--|-----------------------------|--|--|---|--|
| May 11, 201 | 11 | | | | | | | | | |
| FORM | 14 | | GEGU | DIFIE | | | | Т | PPROVAL | |
| | UNITED | STATES | | RITIES A Ashington | | | E COMMISSIO | N OMB Number: | 3235-0287 | |
| Check tl if no lon subject t Section Form 4 | nger STATEN to STATEN 16. or | STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES | | | | | | Estimated burden ho response | imated average den hours per | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | ons ntinue. Section 170 | (a) of the | Public U | Jtility Hol | ding Cor | | nge Act of 1934, c of 1935 or Secti 1940 | | | |
| (Print or Type | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Sapan Christine | | | 2. Issuer Name and Ticker or Trading Symbol NEUROLOGIX INC/DE [NRGX.OB] | | | Trading | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) C/O NEUROLOGIX, INC., ONE BRIDGE PLAZA | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2011 | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) EXECUTIVE VICE-PRESIDENT, CDO | | | |
| | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | ıl | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| FORT LEE, NJ 07024 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | | ansaction Date 2A. Deen th/Day/Year) Execution any (Month/D | | Code | 4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Securities I Beneficially (Owned (| 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | (A) or | Transaction(s) | | | |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | | |
| Reminder: Re | port on a separate line | e for each cl | ass of sec | urities bene | ficially ow | ned 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) | | | | | |
| | Tab | | | | | posed of, or convertible | Beneficially Owned securities) | 1 | | |
| 1 Title of | 2 3 Trat | assoction Dat | e 3Δ D | emed | 4 | 5 Numbe | er of 6 Date Eve | rcisable and | 7 Title and A | |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A Disposed of (Instr. 3, 4, 4, 5) | f (D) | (Month/Day/Year) | | (Instr. 3 and 4) | |
|--|---|------------|-------------------------|--------------------|--|-------|---------------------|--------------------|------------------|--------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount o Number o Shares |
| Options to acquire Common Stock | \$ 0.8 | 05/10/2011 | | A | 150,000 | | <u>(1)</u> | 05/10/2021 | Common Stock | 150,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| r | Director | 10% Owner | Officer | Other | | | |
| Sapan Christine C/O NEUROLOGIX, INC. ONE BRIDGE PLAZA FORT LEE, NJ 07024 | | | EXECUTIVE VICE-PRESIDENT, CDO | | | | |
| Signatures | | | | | | | |
| | | | | | | | |

/s/ Marc L. Panoff, Attorney-in-Fact 05/11/2011

**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) One-third of these options are exercisable on each of May 10, 2011, May 10, 2012 and May 10, 2013.

(2) Options were acquired in connection with the reporting person's service as an officer of Neurologix, 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.