## Edgar Filing: NANOVIRICIDES, INC. - Form 4

NANOVIRI	CIDES, INC.										
Form 4	1 2000										
September 2									OMB AF	PROVAL	
Check this box if no longer subject to STATEMENT OF CHANGE					ITIES AND EXCHANGE COMMISSION hington, D.C. 20549				OMB Number:	3235-0287	
				GES IN BENEFICIAL OWNERSHIP SECURITIES				NERSHIP OF	Expires: January 3 20 Estimated average burden hours per response 0		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	7(a) of the		tility Hol	ding Com	ipany	Act of	e Act of 1934, f 1935 or Section 0	·	0.5	
(Print or Type I	Responses)										
Theracour Pharma, Inc. Symbol				er Name <b>and</b> Ticker or Trading VIRICIDES, INC. C.OB]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 135 WOOD	(First) STREET., SU	(Middle) ITE 205	3. Date of (Month/D 09/14/20	-	ransaction			Director Difficer (give below)	title Other below)	6 Owner er (specify	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WEST HAV	/EN, CT 06516							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	emed on Date, if 'Day/Year)	3. Transacti Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (1)	09/14/2009			S	20,000	D	\$ 0.97	34,288,900	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)

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

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## **Reporting Owners**

Reporting Owner Name / Address	5	Relationships						
	Director	10% Owner	Officer	Other				
Theracour Pharma, Inc. 135 WOOD STREET., SUITE 2 WEST HAVEN, CT 06516	05	Х						
Signatures								
/s/ Anil Diwan 09/2	21/2009							

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents shares of common stock sold in accordance with TheraCour's Rule 10b5-1 Trading Plan adopted with the Registrant as disclosed on Form 8-K on February 10, 2009.

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.