Edgar Filing: NovaBay Pharmaceuticals, Inc. - Form 4

NovaBay Pharmaceuticals, Inc. Form 4 May 12, 2008 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> Cashion Charles			Issuer Name and nbol vaBay Pharma BY]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(1			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2008				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				ate Origina r)	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
		7:					Person				
(City)	(State) (Zip)	Table I - Non-I	Derivative	Securi	ties Ac	quired, Disposed o		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		tte, if Transact Code Year) (Instr. 8)	TransactionAcquired (A) or			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	05/09/2008		A	517	A	\$ 0	6,476	I	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 SEC 1474 information contained in this form are not (9-02)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)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed			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	
				of (D) (Instr. 3, 4, and 5)					(Instr	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other **Cashion Charles** C/O NOVABAY PHARMACEUTICALS, INC. Х 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608 Signatures /s/ Jason R. Wisniewski, as Attorney-in-Fact for Charles J. 05/12/2008 Cashion **Signature of 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).

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.

Date