| Geovax Lab<br>Form 4   |  |                               |                     |  |   |                |                     |  |  |   |
|--|--|-------------------------------|---------------------|--|---|----------------|---------------------|--|--|---|
| April 04, 20<br>FORM   | <b>14</b> UNITED                                   | STATES S                      |                     | RITIES A   |   |                | NGE CO              | OMMISSION  | OMB<br>Number:   | PROVAL<br>3235-0287<br>January 31,                                |
| if no lon<br>subject t<br>Section<br>Form 4 o<br>Form 5<br>obligatio<br>may con<br><i>See</i> Instr<br>1(b). | o STATEN<br>16.<br>or Filed put<br>ons Section 17( | rsuant to Se<br>(a) of the Pi | ection 1<br>ublic U | <b>SECUP</b><br>6(a) of th                       | RITIES<br>ne Securit<br>ding Con                    | ies E<br>npany | xchange<br>y Act of | ERSHIP OF<br>Act of 1934,<br>1935 or Section   | Expires:<br>Estimated a<br>burden hour<br>response                         | 2005<br>verage  |
| (Print or Type   | Responses)   |                               |                     |  |   |                |                     |  |  |   |
|  | Address of Reporting<br>JOHN N JR                  | S                             | Symbol              | r Name <b>and</b><br>Labs, In                    |   |                | ]                   | 5. Relationship of I<br>Issuer   | Reporting Pers   |   |
| (Last)<br>1256 BRIA  | (First) (<br>RCLIFF ROAD,                          | (                             |                     | f Earliest T<br>Day/Year)<br>008                 | ransaction  |                |                     | _X_ Director<br>Officer (give the below)   | 10%  | Owner<br>er (specify  |
|  | (Street)   |                               |                     | endment, Da<br>nth/Day/Yea                       | -   | 1              |                     | 6. Individual or Joi<br>Applicable Line)<br>_X_ Form filed by O<br>Form filed by Mo                                | ne Reporting Pe  | rson  |
|  | , GA 30306   |                               |                     |  |   |                | 1                   | Person   | ore than One Ke  | porting   |
| (City)   | (State)  | (Zip)                         | Tab                 | le I - Non-I                                     | Derivative  | Secur          | ities Acqu          | ired, Disposed of,   | or Beneficial  | ly Owned  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)            |                               | Date, if            | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | 4. Securit<br>onor Dispos<br>(Instr. 3, 4<br>Amount | ed of (        | 5)<br>Price         | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock  | 04/03/2008   |                               |                     | Р  | 75,000  | А              | \$<br>0.1299        | 130,000  | 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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | onNumber<br>of |     |                     |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|----------------|-----|---------------------|--------------------|---|--|---|--|
|   |   |   | Code V                                | ,              | (D) | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Addres                                     | 5         | Relationships |         |       |  |  |  |
|---|-----------|---------------|---------|-------|--|--|--|
|   | Director  | 10% Owner     | Officer | Other |  |  |  |
| SPENCER JOHN N JR<br>1256 BRIARCLIFF ROAD, N<br>ATLANTA, GA 30306 | E X       |               |         |       |  |  |  |
| Signatures  |           |               |         |       |  |  |  |
| /s/ John N.<br>Spencer, Jr.                                       | 4/04/2008 |               |         |       |  |  |  |
| <u>**</u> Signature of<br>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).

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.