Edgar Filing: INTROGEN THERAPEUTICS INC - Form 4

INTROGEN THERAPEUTICS INC

Form 4

September 20, 2005

FORM 4

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

OMB Number:

5. Relationship of Reporting Person(s) to

3235-0287

0.5

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

subject to Section 16. Form 4 or

Estimated average

burden hours per response...

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

Common

09/16/2005

(Print or Type Responses)

1. Name and Address of Reporting Person *

AVENTIS INC			Symbol INTROGEN THERAPEUTICS INC [INGN]					Issuer (Check all applicable)			
(Last) (First) (Middle) 300 SOMERSET CORPORATE BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 09/06/2005				Director 10% Owner Officer (give titleX Other (specify below) below) 10% owner and beneficial owner				
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Yea	r)				One Reporting Per		
BRIDGEWA	ATER, NJ 0880	7						_X_ Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securit	ies Acc	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution	on Date, if	Transacti	on(A) or Di	sposed	of (D)	Securities	Form: Direct	Indirect	
(Instr. 3) any		Code (Instr. 3, 4 and 5)			j)	Beneficially	(D) or B	Beneficial			
		(Month/	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(1115tr. 5 and 4)			

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.

2,183,648

Ι

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

10,392 D

SFN (1)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C-1- V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

AVENTIS INC

300 SOMERSET CORPORATE BOULEVARD 10% owner and beneficial owner

BRIDGEWATER, NJ 08807

AVENTIS HOLDINGS INC

3711 KENNETT PIKE 10% owner and beneficial owner

GREENVILLE, DE 19807

Signatures

Joseph F. Haggerty, Vice
President

09/20/2005

**Signature of Reporting Person Date

Joseph M. Palladino, President 09/12/2005

**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) Owned directly by Aventis Holdings Inc. and beneficially by Aventis 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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