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NovaBay Pharmaceuticals, Inc. Form 4 December 11, 2008

December 11	1 2000										
December 11, 2008									OMB	OMB APPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				0	BENEF		LOW	NERSHIP OF	Expires: Estimated burden ho response.	urs per	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the	Public U		ling Con	npany	Act c	ge Act of 1934, of 1935 or Section 40	on		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person *2. IssuerNajafi RaminSymbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	NovaBay Pharmaceuticals, Inc. [NBY]					(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/D				f Earliest Transaction Day/Year)				_X_ Director10% Owner _X_ Officer (give title _X_ Other (specify below) below)			
	BAY ŒUTICALS, IN STREET, SUITE		12/10/2	008				· · · · · · · · · · · · · · · · · · ·	utive Officer /	Chairman	
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person			
EMERYVII	LLE, CA 94608							_X_ Form filed by Person	More than One	Reporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	quired, Disposed o	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)					d of	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
C				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	12/10/2008			Р	500	А	\$ 1.14	10,200	D		
Common Stock								3,117,500	I	By the Najafi Familiy Trust dated September 13, 2006 (1)	

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	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	Transactio	Number	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	inte	of		
				Code V	(A) (D)				Shares		
				Coue v	(\mathbf{A}) (\mathbf{D})				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other					
Najafi Ramin C/O NOVABAY PHARMACEUTICALS, INC. 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608	Х		Chief Executive Office	r Chairman					
Najafi Family Trust dated September 13, 2006 C/O NOVABAY PHARMACEUTICALS, INC. 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608		Х							
Signatures									
/s/Theresa Granados, Attorney-in-Fact for Ramin Najafi									
**Signature of Reporting Person									
/s/ Theresa Granados, Attorney-in-Fact for Najafi Familiy Trust, dated September 13, 2006									
<u>**</u> Signature of Reporting		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).

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(1) Reminder: Report on separate line for each class of securities beneficially owned directly or indirectly.

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.