## Edgar Filing: CODEXIS INC - Form 4

CODEXIS II	NC											
Form 4												
February 14,	2017											
FORM	14		GEOU					CE C			PPROVAL	
	UNITE	DSIAIES				ND EXCI D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check thi	is box		vvas	sington	1, 1	D.C. 203	+7				January 31,	
if no longer STATEMENT OF CHAN				GES IN	GES IN BENEFICIAL OWNERSHIP					Expires:	2005	
	subject to Strategical of Chainer				SECURITIES					Estimated average burden hours per response 0.5		
	Form 4 or											
Form 5	<b>n</b> a <b>1</b>							0	e Act of 1934,			
obligation may cont				•		• •	•		1935 or Section	1		
See Instru		30(h)	) of the In	vestmen	t C	Company	Act of	of 194	0			
1(b).												
(Print or Type F	Responses)											
	ddress of Reportin	ng Person <u>*</u>	2. Issuer	r Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
SANGSTER	R GORDON		Symbol									
CODEX				XIS INC [CDXS]					(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest 7	Fra	nsaction					, 	
	VIC INC 200			h/Day/Year)					Director 10% Owner X Officer (give title Other (specify			
PENOBSCO	XIS, INC., 200 ot drive		01/16/2	2017					below) below)			
TENODSCO	JI DRIVE								SVP & Ch	ief Financial O	fficer	
				endment, Date Original				6. Individual or Joint/Group Filing(Check				
				lonth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
REDWOOD	O CITY, CA 94	.063							Form filed by M			
	, , , , , , , , , , , , , , , , , , , ,								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-	De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D			3.		4. Securitie	-		5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	ar) Execution any	on Date, if	Transact Code		(A) or Disp (Instr. 3. $4$			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(instr. 5)			Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Owned	Indirect (I)			
									Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				Code V	7	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						Amount						
Stock	01/16/2017			A <u>(1)</u>		105,302	А	\$0	231,533	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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
SANGSTER GORDON C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 9406	53		SVP & Chief Financial Officer						
Signatures									
/s/ Gordon Sangster	02/14/2017								

<u>\*\*</u>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).
- Represents shares of common stock issuable pursuant to performance stock units for which achievement has been certified by the Issuer's (1) compensation committee. Shares will be issued in two equal installments on each of March 5, 2017 and March 5, 2018, subject to

continued employment through such date.

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.