Edgar Filing: NANOVIRICIDES, INC. - Form 4

NANOVIRI	CIDES, INC.											
Form 4												
November 0	6, 2009											
FORM	4								OMB AF	PROVAL		
	UNITED	STATES		ATTIES A Thington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check th if no long	7.0 r								Expires:	January 31,		
subject to	STATEN/	ENT O	F CHAN			CIAI	LOW	NERSHIP OF	Estimated a	2005 Iverage		
Section 16. SECURITIES									burden hours per			
Form 4 c Form 5			G (* 1)		а		1	A (C1024	response	0.5		
obligatio	m o *						•	e Act of 1934, f 1935 or Section	n			
may con	unue.		of the In	•	•	- ·			11			
See Instr 1(b).	uction	50(II)	of the m	vestment	Compan	y Act	01174	r0				
1(0).												
(Print or Type l	Responses)											
				ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Theracour Pharma, Inc.			Symbol NANOVIRICIDES, INC. [NNVC.OB]					155001				
								(Check all applicable)				
			-	-								
(Last)	(First) (M	liddle)		Earliest Tr	ansaction			Director Officer (give	X 10%	b Owner er (specify		
135 WOOD STREET, SUITE 205			(Month/Day/Year) 11/05/2009					below)	below)	(°F)		
155 11000		1205										
(Street)				ndment, Da	-			6. Individual or Joint/Group Filing(Check				
Fil				th/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
WEST HAV	VEN, CT 06516								fore than One Re			
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Executio any	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(msu. 5)		-	Day/Year)					Owned		Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D ·	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$,				
Common Stock ⁽¹⁾	11/05/2009			S	25,000	D	э 0.83	33,929,500	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)

1. Title Deriva Securit (Instr. 1	ative ty 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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
Theracour Pharma, Inc. 135 WOOD STREET SUITE 205 WEST HAVEN, CT 06516		Х							
Signatures									
/s/ Anil Diwan	11/06/2009								
<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).
- (1) Represents shares of common stock sold in accordance with TheraCour's Rule 10b5-1 Trading Plan adopted with the Registrant as disclosed on Form 8-K on February 10, 2009.

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.