Edgar Filing: Tompkins Tamara - Form 4

Town line To

Stock

Form 4 March 30, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check t if no lor	loer							Expires:	January 31,		
subject Section Form 4	to SIAIE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 verage rs per 0.5	
Form 5 obligation may con <i>See</i> Inst 1(b).	ons fitinue. Section 17	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									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Tompkins Tamara			2. Issuer Name and Ticker or Trading Symbol AMYRIS, INC. [AMRS]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Last) C/O AMY ST., SUITI	RIS, INC., 5885 I	(Day/Year)	Transaction		- - 1	Director X Officer (give t below) SVP, Gen'		Owner r (specify ec'ty	
				endment, D nth/Day/Yea	Date Origina ar)	ıl	L	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EMERYV	ILLE, CA 94608							Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				(D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	03/28/2011			S <u>(1)</u>	5,000 (2)	D	\$ 27.1543 (3)	95,000	D		
Common	03/29/2011			S <u>(1)</u>	10,000	D	\$ 28	85,000	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.

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

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Tompkins Tamara C/O AMYRIS, INC. 5885 HOLLIS ST., SUITE 100 EMERYVILLE, CA 94608			SVP, Gen'l Counsel & Sec'ty					

Signatures

/s/ Tamara 03/30/2011 Tompkins

**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) This transaction was effected pursuant to a 10b5-1 plan adopted by the reporting person on December 14, 2010.
- (2) Represents the aggregate of sales effected on the same day at different prices pursuant to the plan in footnote (1).
- Represents the weighted average sales price per share. The shares sold at prices ranging from \$27.00 to \$27.45 per share. Full information (3) regarding the number of shares sold at each price shall be provided upon request to the staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

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.