Geovax Labs, Form 4 August 05, 20												
FORM	1								OMB AF	PROVAL		
	UNITED	STATES			ND EXCH , D.C. 20549		E CC	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31, 2005 Estimated average burden hours per			
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. IssuerROBINSON HARRIET LSymbol				Issuer				-	ship of Reporting Person(s) to			
				ax Labs, Inc. [GOVX.OB]				(Check all applicable)				
(Month/I				below)					ve title 10% Owner below) sarch & Development			
(Street) 4. If Am			4. If Ame	mendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mont				onth/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative Sec	urities	Acqui	red, Disposed of,	or Beneficial	ly Owned		
	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	ed Date, if	3. Transactic Code		Acquir of (D)	-	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial		
Common Stock	08/03/2008			G	1,666,666 (<u>1)</u>	D	\$ 0	58,133,855	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(insu

Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
ROBINSON HARRIET L C/O GEOVAX LABS, INC. 1256 BRIARCLIFF RD, NE ATLANTA, GA 30306	Х		SVP, Resarch & Development						
Signatures									
Harriet L.	08/05/2008								

Robinson

Date

**Signature of Reporting Person

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).
- On August 3, 2008, 1,666,666 shares were gifted to the Harriet L. Robinson Educational and Medical Trust. Beneficial ownership of (1) these shares is disclaimed.

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.