Masi Dina Form 3 November 28, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Ad Person <u>*</u> Masi Dina		orting	Statement (Month/Day/Year)		g 3. Issuer Name and Ticker or Trading Symbol INTEGRATED BIOPHARMA INC [INB]							
(Last)	(First)	(Middle)	11/17/2005		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
14 LEXINGT	TON WAY											
	(Street)				(Check all applicable)		6. Individual or Joint/Group					
LONG VALI	LONG VALLEY, NJ 07853				Director 10% Owner X_Officer Other (give title below) (specify below) CFO and SR. VP			Filing(Chast: Applicable Line)				
(City)	(State)	(Zip)	r	Fable I - N	Non-Derivative Securities Beneficially Owned							
1.Title of Securi (Instr. 4)	ty			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	ership	rect Beneficial			
Reminder: Report owned directly o		te line for ea	ch class of secur	ities benefici	ally SI	EC 1473 (7-02)					
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Deriv (Instr. 4)	ative Security	Expir	te Exercisable an ration Date (Day/Year) Expirat	Securitie Derivati (Instr. 4	and Amount of es Underlying ve Security)	Conversion or Exercise Price of Derivative	se Fo D e So	wnership orm of erivative ecurity:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date	Expirat	1011		C	D	:				

Exercisable

Date

Title

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships					
1		10% Owner	Officer	Other			
Masi Dina 14 LEXINGTON WAY LONG VALLEY, NJ 078	Â 53	Â	CFO and SR. VP	Â			
Signatures							
Dina L. Masi 11	/28/2005						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.