# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting Person *- RUSSELL PHILIP K.		2. Date of Event Requiring Statement (Month/Day/Year) 03/01/2010		3. Issuer Name and Ticker or Trading Symbol iBio, Inc. [IBPM.OB]					
(Last) (First) (Mid 11909 COLDSTREAM DRI	ddle)	01/2010		Relationsh Person(s) to	ip of Reporting Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
POTOMAC, MD 20854				(Check all applicable) _X_ Director 10% Owner Officer (give Other (specify title below) below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Z	Zip)	Ta	ble I - Nor	n-Derivat	ive Securitie	es Bene	eficially	Owned	
1.Title of Security (Instr. 4)		Ben (Ins	amount of So eficially Ow tr. 4)	vned	Form: Direct (D) or Indirect (I) (Instr. 5)	Owner (Instr.	ship	rect Beneficial	
	ho respond	I to the colle	ction of in	formation	ectly or indirec contained in ntly valid OM	this fo		SEC 1473 (7-02)	
Table II - Derivative	Securities B	eneficially Ov	wned ( <i>e.g.</i> , <sub>l</sub>	puts, calls,	warrants, opt	ions, co	nvertible	securities)	
1. Title of Derivative Security (Instr. 4)	Expiration I	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		se For	nership rm of rivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	T:41-	Amount of Number of		Dir	Security: Direct (D) or Indirect (I) (Instr. 5)		
	Exercisaore		Title	Shares		(I)			

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RUSSELL PHILIP K.						
11909 COLDSTREAM DRIVE	X					
POTOMAC, MD 20854						

### **Signatures**

/s/ Philip K. Russell	03/09/2010		
**Signature of Reporting Person	Date		

## **Explanation of Responses:**

- \* 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).
- (1) The option vests in three equal annual installments, beginning on February 25, 2011.

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.