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| FORM D |
| Notice of Exempt Offering of Securities |

**UNITED STATES SECURITIES
AND EXCHANGE COMMISSION
Washington, D.C.**

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| OMB APPROVAL |
| OMB Number: 3235-0076 |
| Expires: August 31, 2015 |
| Estimated Average burden hours per response: 4.0 |

1. Issuer's Identity

| | | |
|---|--|--|
| CIK (Filer ID Number) | Previous Name(s) <input type="checkbox"/> None | Entity Type |
| <input type="text" value="0001420720"/> | <input type="text" value="iBioPharma, Inc."/> | <input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other |
| Name of Issuer | <input type="text" value="InB:Biotechnologies, Inc."/> | |
| <input type="text" value="iBio, Inc."/> | | |
| Jurisdiction of Incorporation/Organization | | |
| <input type="text" value="DELAWARE"/> | | |
| Year of Incorporation/Organization | | |
| <input type="radio"/> Over Five Years Ago <input checked="" type="radio"/> Within Last Five Years (Specify Year) <input type="text" value="2008"/> <input type="radio"/> Yet to Be Formed | | |

2. Principal Place of Business and Contact Information

| | | | |
|--|---------------------------------------|------------------------------------|---|
| Name of Issuer | | | |
| <input type="text" value="iBio, Inc."/> | | | |
| Street Address 1 | | Street Address 2 | |
| <input type="text" value="9 INNOVATION WAY, SUITE 100"/> | | <input type="text"/> | |
| City | State/Province/Country | ZIP/Postal Code | Phone No. of Issuer |
| <input type="text" value="NEWARK"/> | <input type="text" value="DELAWARE"/> | <input type="text" value="19711"/> | <input type="text" value="302-355-0650"/> |

3. Related Persons

| | | | |
|--|---|--|-----------------------------------|
| Last Name | First Name | Middle Name | |
| <input type="text" value="KAY"/> | <input type="text" value="ROBERT"/> | | |
| Street Address 1 | | Street Address 2 | |
| <input type="text" value="9 INNOVATION WAY, SUITE 100"/> | | <input type="text"/> | |
| City | State/Province/Country | ZIP/Postal Code | |
| <input type="text" value="NEWARK"/> | <input type="text" value="DELAWARE"/> | <input type="text" value="19711"/> | |
| Relationship: | <input checked="" type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Promoter |
| Clarification of Response (if Necessary) | | | |
| <input type="text" value="Chief Executive Officer"/> | | | |

| | | |
|---------------------------------------|--|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text" value="LARCOMBE"/> | <input type="text" value="FREDERICK"/> | |
| Street Address 1 | | Street Address 2 |
| <input type="text"/> | | <input type="text"/> |

9 INNOVATION WAY, SUITE 100

City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary): Chief Financial Officer

Last Name: HILL First Name: JAMES Middle Name:

Street Address 1: C/O IBIO, INC. Street Address 2: 9 INNOVATION WAY, SUITE 100

City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: CHANG First Name: GLENN Middle Name:

Street Address 1: C/O IBIO, INC. Street Address 2: 9 INNOVATION WAY, SUITE 100

City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: McKEY First Name: JOHN Middle Name:

Street Address 1: C/O IBIO, INC. Street Address 2: 9 INNOVATION WAY, SUITE 100

City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: RUSSELL First Name: PHILIP Middle Name: K.

Street Address 1: C/O IBIO, INC. Street Address 2: 9 INNOVATION WAY, SUITE 100

City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

NEWARK DELAWARE 19711

Relationship: [] Executive Officer [x] Director [] Promoter

Clarification of Response (if Necessary)

Last Name: BASSETT First Name: PAMELA Middle Name: Street Address 1: C/O IBIO, INC. Street Address 2: 9 INNOVATION WAY, SUITE 100 City: NEWARK State/Province/Country: DELAWARE ZIP/Postal Code: 19711

Relationship: [] Executive Officer [x] Director [] Promoter

Clarification of Response (if Necessary)

4. Industry Group

- Agriculture
Banking & Financial Services
Business Services
Energy
Health Care
Manufacturing
Real Estate
Retailing
Restaurants
Technology
Travel
Other

5. Issuer Size

- Revenue Range: [x] No Revenues
Aggregate Net Asset Value Range: [] No Aggregate Net Asset Value

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

| | | | | | |
|--------------------------|---|--------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> | Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> | Rule 505 | | |
| <input type="checkbox"/> | Rule 504 (b)(1)(i) | <input type="checkbox"/> | Rule 506(b) | | |
| <input type="checkbox"/> | Rule 504 (b)(1)(ii) | <input type="checkbox"/> | Rule 506(c) | | |
| <input type="checkbox"/> | Rule 504 (b)(1)(iii) | <input type="checkbox"/> | Securities Act Section 4(a)(5) | | |
| | | <input type="checkbox"/> | Investment Company Act Section 3(c) | | |

7. Type of Filing

New Notice Date of First Sale First Sale Yet to Occur

Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

Pooled Investment Fund Interests Equity

Tenant-in-Common Securities Debt

Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security

Security to be Acquired Upon

Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient Recipient CRD Number None

(Associated) Broker or Dealer None

(Associated) Broker or Dealer CRD Number None

Street Address 1

Street Address 2

6501 Congress Avenue Suite 100

City: Boca Raton State/Province/Country: FLORIDA ZIP/Postal Code: 33487

State(s) of Solicitation: [] All States [] Foreign/Non-US

- FLORIDA
GEORGIA
ILLINOIS
MARYLAND
NEW YORK
NORTH CAROLINA
SOUTH CAROLINA
VIRGINIA

13. Offering and Sales Amounts

Total Offering Amount \$ 800000 USD [] Indefinite
Total Amount Sold \$ 7065000 USD
Total Remaining to be Sold \$ 935000 USD [] Indefinite

Clarification of Response (if Necessary)

[]

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering 1

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 52

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 560000 USD [x] Estimate
Finders' Fees \$ 0 USD [x] Estimate

Clarification of Response (if Necessary)

Sales commissions of 7% shall be paid to the Placement Agent. To date, the Placement Agent has been paid \$494,550.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to

any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ USD Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer | Signature | Name of Signer | Title | Date |
|------------|-------------------|----------------|-------------------------|------------|
| iBio, Inc. | /s/ Robert B. Kay | Robert B. Kay | Chief Executive Officer | 2010-11-10 |