FORM	4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	
Form 5 obligations	
may continue. See	
Instruction 1(b).	

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB 3235-Number: 0287 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

1. Name and Addres KAY E GERALI	;	2. Issuer Na Symbol iBio, Inc. [I		Ficke	er or Trad	ing		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX 10% Owner Officer (give title Other (specify below) below)				
(Last) INTEGRATED I INC., 225 LONG 15		3. Date of Ear (Month/Day/ 01/30/2012		isact	ion		i					
HILLSIDE, NJ 0		4. If Amendm Filed(Month/Da	y/Year)				•	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) (Zip)		Table I - I	Non-Der	ivat	ive Secur	ities A	Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	Deemed ation Date, if th/Day/Year)			Acquired Disposed (Instr. 3,	Securities cquired (A) or isposed of (D) nstr. 3, 4 and 5) (A) or mount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock	01/30/2012			S		10,000	D	\$ 0.86	4,279,803	Ι	By EGK, LLC	
Common Stock	01/30/2012			S		7,500	D	\$ 0.88	4,272,303	Ι	By EGK, LLC	
Common Stock	01/30/2012			S		2,500	D	\$ 0.85	4,269,803	Ι	By EGK, LLC	
Reminder: Report on directly or indirectly.	a separate line for ea	ach clas	ss of securitie	s benefic	ially	owned			I	•		

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, colls, warrants, aprions, convertible convities)

	(e.g., puts, caus, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exe	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Number a		and Expirati	d Expiration Date Am		unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of (		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Deriv	Derivative		Securities (Instr. 5		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Securities (Ir		(Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) or						Reported	or Indirect		
						Disposed							Transaction(s)	· /	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)					•				
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								LACICISAULE	Dat		of				
				Code	V	(A)	(D)				Shares				

### **Reporting Owners**

Denorting Ormen Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KAY E GERALD INTEGRATED BIOPHARMA, INC. 225 LONG AVENUE, BLDG. 15 HILLSIDE, NJ 07205		Х						

### **Signatures**

Signature of Reporting Person

02/01/2012 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).

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.