FORM	4
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1	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

(Print or Type Respo	lises)											
1. Name and Addres KAY E GERALI	2. Issuer Na Symbol iBio, Inc. []		Tick	er or Tradi	ng		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) INTEGRATED BIOPHARMA, INC., 225 LONG AVENUE, BLDG. 15			3. Date of Ea (Month/Day/ 06/27/2012	Year)	nsac	ction		- <u>b</u>	Officer (give title below)		specify below)	
(Street) HILLSIDE, NJ 07205			4. If Amendr Filed(Month/D		æ Oi	riginal		A	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) Tal				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	ition Date, if	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) Amount (D) Pric))	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/27/2012			S		150,000	~ /	\$		D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of

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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactic	n N	Jumb	er	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Deriva	tive			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecuri	ties			(Inst	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cqui	red			4)			Following	Direct (D)	
					()	A) or							Reported	or Indirect	
					D	Dispo	sed						Transaction(s)	(I)	
						f (D)							(Instr. 4)	(Instr. 4)	
					`	Instr.									
					4	, and	5)								
											Amount				
								Data	Expiration		or				
								Date Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code V	/ (A)	(D)				Shares				

Reporting Owners

Bon onting Onumon Norma / 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

/s/ E. Gerald Kay	06/29/2012
Signature of Reporting Person	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).
- (1) Shares disposed of in connection with a refinancing transaction involving Integrated BioPharma, Inc., the former parent company of the Issuer. The Reporting Person has no present intent to dispose of additional shares.

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.