FORM 3

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

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROV	/AL
OMB	3235-
Number:	0104
Estimated averag	ge
burden hours pe	r
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 * FLUG SEYMOUR	2. Date of Event Requiring Statement (Month/Day/Year) 12/18/2012		3. Issuer Name and Ticker or Trading Symbol iBio, Inc. [IBIO]				
(Last) (First) (Middle) C/O IBIO, INC., 9 INNOVATION WAY, SUITE 100			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director 10% Owner Officer (give Other (specify title below) below)		Filed(Mor	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) NEWARK, DE 19711					6. Individual Filing(Ch _X_ Form f Form f	fy 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)	(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	1	2. Amount of S Beneficially Ow (Instr. 4)			4. Nature of Ind Ownership (Instr. 5)	irect Beneficial	
Reminder: Report on a separate line for each persons who respondence in the respondence i	pond to the co and unless the	ollection of in e form display	nformation ys a currer	contained in ntly valid OM	this form are B control		
(Instr. 4) Expira	Expiration Date Secur		d Amount of Underlying Security	4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exerci:	Expiration Date	n Title	Amount or Number of Shares	~	Security: Direct (D) or Indirect (I)		

Common

Stock

60,000

\$ 0.72

D

12/18/2022

Reporting Owners

Stock Option (right to buy)

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FLUG SEYMOUR				
C/O IBIO, INC.	X			
9 INNOVATION WAY, SUITE 100				
NEWARK, DE 19711				

<u>(1)</u>

Signatures

/s/ Seymour Flug		12/21/2012	
Signature of Reporting Per	son	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 the date of grant.

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.