FORM 4

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

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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	nses)											
1. Name and Address of Reporting Person * DESANTIS CARL			2. Issuer Name and Ticker or Trading Symbol iBio, Inc. [ibio]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			
(Last) (C/O CDS INTER HOLDINGS, 329 AVE	3. Date of Earliest Transaction (Month/Day/Year) 01/30/2014						Officer (give title Other (specify below)					
BOCA RATON, I	4. If Amendment, Date Original Filed(Month/Day/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)		Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date Execution Date, if Transaction A (Month/Day/Year) any Code D		4. Securi Acquired Disposed (Instr. 3,	d (A) d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock	01/30/2014			Code	V	Amount 19,160	,	Price \$ 0.55	6.004.202	(Instr. 4)	FN (1)	
Common Stock	01/31/2014			S		54,889	D	\$ 0.56	5 040 314	I	FN (1)	
Reminder: Report on directly or indirectly.		nch cla	ass of securities	s benefic	ially	owned						
					inf red	ormatio	n cor res	itaine pond	nd to the collection ed in this form are r unless the form dis control number.	not	SEC 1474 (9-02)	

${\bf Table~II~- Derivative~Securities~Acquired, Disposed~of, or~Beneficially~Owned}$

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	lumbe	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	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	eriva	tive			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecurit	ies			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Α	cquir	ed			4)			Following	Direct (D)	
					(/	A) or							Reported	or Indirect	
					D	ispos	ed						Transaction(s)	(I)	
					0	f (D)							(Instr. 4)	(Instr. 4)	
					(1	Instr.	3,								
					4	, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								LACICISADIC	Date		of				
				Code V	<i>I</i> (A) ((D)				Shares				

Reporting Owners

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
DESANTIS CARL								
C/O CDS INTERNATIONAL HOLDINGS		X						
3299 NW SECOND AVE		Λ						
BOCA RATON, FL 33431								

Signatures

/s/ Carl DeSantis	01/31/2014
**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).
- Includes (i) 6,125 shares of common stock owned directly by the reporting person, (ii) 1,266,706 shares of common stock held by

 (1) Integrated BioPharma, Inc. of which the reporting person is a controlling person, (iii) 1,530,563 shares of common stock held by CD Financial, LLC, and (iv) 3,145,920 shares of common stock held by DeSantis Revocable Trust (after accounting for the disposition of the 74,049 shares of common stock that are the subject of this report).

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.