## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre par reenonee	0.5

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

#### 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

		•								5 D		CD .:	B () . I		
Name and Address of Reporting Person *  Kay Robert			2. Issuer Name and Ticker or Trading Symbol iBio, Inc. [IBIO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner						
C/O IBIO SUITE 1	O, INC., 60	(First) 00 MADISON A	(Middle) VENUE,	3. Date of Earliest Transaction (Month/Day/Year) 06/12/2020			Officer (give t	itle below)	Other	specify below	)				
(Street) NEW YORK, NY 10022			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	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 - Non-Derivative Securities Acqu					es Acquired	, Disposed o	f, or Benefi	cially Owned			
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Yes	Exec ar) any		Date, if	Code	(A. (B. (B. (B. (B. (B. (B. (B. (B. (B. (B	Securities Acqu A) or Disposed o nstr. 3, 4 and 5)  (A) or mount (D)	f (D) Owr Tran	mount of Second Followin asaction(s) rr. 3 and 4)		C F C o	orm: birect (D) r Indirect	Beneficial Ownership
Reminder:	Report on a s	eparate line for each	n class of securities b	eneficial	lly own	ned direct	tly or	Person in this t	s who respond orm are not re ntly valid OME	quired to	respond ur				474 (9-02)
Reminder:	Report on a s	eparate line for each		I - Deriv	rative S	Securitie	s Ac	Person in this t a curre	orm are not rently valid OME	equired to a s control na ficially Own	respond ur umber.				474 (9-02)
1. Title of	•	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., ) 4. Transact Code	rative S puts, cr 5. tion S S or ( [ (Iii	Securities calls, war	s Accrant of	Person in this t a curre	orm are not rently valid OME sed of, or Beneratible securic cisable and ate	equired to a s control na ficially Own	respond ur umber. ed d Amount ing	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., ) 4. Transact Code	rative S puts, cr 5. tion S S or ( [ (Iii	Securities alls, war  Number Derivative securities acquired (ar Dispose D) Instr. 3, 4	s Accrant of	Person in this to a curre quired, Dispos, options, co	orm are not rently valid OME sed of, or Beneratible securic cisable and ate	ficially Own ties)  7. Title and of Underly Securities	respond ur umber. ed d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kay Robert C/O IBIO, INC. 600 MADISON AVENUE, SUITE 1601 NEW YORK, NY 10022	X					

#### **Signatures**

/s/ Robert B. Kay	06/16/2020
**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) Immediate vesting as to 50,000 shares of Common Stock underlying the option and the remaining shares vest pro rata on a monthly basis over the next 21 months.

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.