

(Print or Type Responses)

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden nours per response 0.5				
nours per response				

#### INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person * Delta John	2. Date of Event Requiring Statement (Month/Day/Year) 10/01/2020			3. Issuer Name and Ticker or Trading Symbol iBio, Inc. [IBIO]				
(Last) (First) (Middle) C/O IBIO, INC, 8800 HSC PARKWAY			Issuer	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director X Officer (give title Other (specify below)  Principal Accounting Officer		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) BRYAN, TX 77807			Director X_ Officer (give title below)			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 Beneficially Owned						
1. Title of Security (Instr. 4)  2. Amount of Beneficially (Instr. 4)			neficially (	Owned		4. Nature of Indire (Instr. 5)	ure of Indirect Beneficial Ownership 5)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.								
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4) and Expiration Date (Month/Day/Year) Set		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Price of Derivative	Form of O Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
_	exercisable Da	xpiration ate	Title Sha	ount or Number of res	Security	(D) or Indirect (I) (Instr. 5)		

## **Reporting Owners**

Depositing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Delta John C/O IBIO, INC., 8800 HSC PARKWAY BRYAN, TX 77807			Principal Accounting Officer		

## **Signatures**

/s/ John Delta	10/05/2020
**Signature of Reporting Person	Date

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* 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).

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.