FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						
1. Name and Address of Reporting Person*							

1. Name and Address of Reporting Person * Brenner Martin	2. Issuer Name and Ticker or Trading Symbol <u>iBio, Inc.</u> [IBIO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/21/2025	X X	Director Officer (give title below)	10% Owner Other (specify below)			
C/O IBIO, INC.			See I	Remarks			
11750 SORRENTO VALLEY ROAD, SUITE 200	4. If Amendment, Date of Original Filed (Month/Day/Year)	 Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 					
(Street)				than One Reporting Person			
SAN DIEGO CA 92121							
(City) (State) (Zip)	institus Securities Accurized Dispessed of an Depoficie						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	 Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy) ⁽¹⁾	\$3.48	02/21/2025		А		230,700		(1)	02/20/2035	Common Stock	230,700	\$0	230,700	D	

Explanation of Responses:

1. These options vest as follows: 25% of the shares of common stock underlying the options granted will vest on the one-year anniversary of the grant date and after the one-year anniversary of the grant date, 6.25% of the shares of common stock underlying the options granted will vest for each additional three months of employment, provided that the reporting person remains employed by iBio, Inc.

Remarks:

Chief Executive Officer and Chief Scientific Officer

/s/ Martin Brenner

** Signature of Reporting Person

02/24/2025

Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.