# FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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hours per response	0.5						

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

(Print or Ty	pe Response	s)																
Name and Address of Reporting Person * Mullaney James P.				2. Issuer Name and Ticker or Trading Symbol iBio, Inc. [IBIO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O IBIO, INC., 600 MADISON AVENUE, SUITE 1601				3. Date of Earliest Transaction (Month/Day/Year) 05/27/2020									X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Street)				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						
NEW YORK, NY 10022 (City) (State) (Zip)											ired, Disposed of, or Beneficially Owned							
1.Title of Security 2. Tr (Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Da any (Month/Day/		ned	3. Tr	3. Transaction		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			neficially	6. Ownership	7. Nature of Indirect Beneficial	
					ay/Yea	ur)	ode		mount	(A) or (D)	Price	(Instr. 3 and 4)					Ownership (Instr. 4)	
Common	Stock		05/27/2020				N	М	1	1,250	A	\$ 0.93	0 (1)				D	
Common Stock 05/27/2020				,	S	1	1,250	D	\$ 1.61	0 (1)		D		D				
Reminder:	Report on a s	separate line for each	Table II	- Deriva	ntive	Secur	rities Ac	P ir a quired	Persons n this for currer l, Dispo	orm ar itly va sed of,	re not re lid OMB or Benef	equired B contro ficially	l to re ol nui	espond ι mber.		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	ersion Date Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Code Securit		mber erivative rities ired (A) sposed )	hber 6. Date Expiration (Month/I posed)		exercisable and		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		ng	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security Direct (I or Indire s) (I)	Beneficia Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	cisable	Expir Date	ration	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	
Stock Option (right to buy)	\$ 0.93	05/27/2020		М			11,250	02/0	2/2019	02/2	20/2024	Com		11,250	(2)	0 (1)	D	

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	Director 10% Owner Officer		Other			
Mullaney James P. C/O IBIO, INC. 600 MADISON AVENUE, SUITE 1601 NEW YORK, NY 10022			Chief Financial Officer				

### **Signatures**

/s/ James P. Mullaney	05/29/2020
**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) Reflects number of securities beneficially owned following all transactions reported on this Form 4.
- On 2/20/19, the issuer canceled, pursuant to the issuer's option exchange program, old stock options in exchange for new stock options, on the basis of three new options in exchange for (2) four old options, for all eligible option holders who elected to participate in the option exchange, including the cancellation of this option grant to the reporting person in exchange for new

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.