FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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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

(Print or Ty	pe Response	es)																
1. Name and Address of Reporting Person * ERWIN ROBERT L				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 NOVICI BIOTECH LLC, 3333 VACA VALLEY PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020								X Officer (give title below) Other (specify below) President						
(Street) VACAVILLE, CA 95688				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Ci		(State)	(Zip)				Table	I - No	n-Deriv	ative S	Securities	s Acqui	ired, Dis	sposed o	of, or Benef	icially Owne	d	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year			Date, if	Code (Instr	de		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Bene Owned Following Reported Transaction(s)		neficially 6. Ov Fo	Ownership Form:	Beneficial		
				(Month/Day/		iy/ Y ear	Co	ode	V A	mount	(A) or (D)	Price	(Instr. 3	(Instr. 3 and 4)				Ownership (Instr. 4)
Commo	n Stock		06/04/2020				N	Л	28	8,268	A	\$ 0.93	108,10	08 (1)		-	D	
Commo	Common Stock 06/04/2020					S	S	28	8,268	268 D \$ 1.7		108,108 (1)			D			
	Teoport on a	separate line for eacl	Table II	- Deriva	ntive	Securit	ies Acc	P ir a quired	Persons n this for currer l, Dispo	orm ar itly va sed of,	e not re lid OMB or Benef	quired contr	d to res ol num	pond u		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative			4. 5. Num Transaction of Deriv Code Securiti			vative Expiration Date of Uses (Month/Day/Year) Sec (Insoed			7. Titl of Un Secur	Inderlying Derivative		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	f 10. Ownersh Form of Derivativ Security Direct (I	Beneficial Ownershij (Instr. 4)			
	Security						3, 4,									Reported Transaction(or Indire	ct
	Security			Code	V	and 5)	(D)	Date Exerc	cisable	Expir Date	ration	Title	0 N 0	Amount or Number of Shares		Reported	or Indire	ct

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ERWIN ROBERT L C/O NOVICI BIOTECH LLC 3333 VACA VALLEY PARKWAY VACAVILLE, CA 95688			President				

Signatures

/s/Robert L. Erwin	06/08/2020
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 cancelation of option grapts to the reporting person in exchange for the
- (2) four old options, for all eligible option holders who elected to participate in the option exchange, including the cancelation of option grants to the reporting person in exchange for the options exercised in the transactions reported on this Form 4.

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.