## Edgar Filing: NovaBay Pharmaceuticals, Inc. - Form 4

NovaBay Pharmaceuticals, Inc. Form 4

January 31,	2014												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL			
Washington, D.C. 20549									OMB Number:	3235	-0287		
Check t if no lor subject Section Form 4	nger <b>STATEN</b> to 16.									Expires: Januar Estimated average burden hours per response			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 170		Public U		ding Co	mpany A	Act of 19		4,			0.5	
(Print or Type	Responses)												
1. Name and McPhersor		2. Issuer Name <b>and</b> Ticker or Trading Symbol NovaBay Pharmaceuticals, Inc.				,	5. Relationship of Reporting Person(s) to Issuer						
			[NBY]					(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				_	X_ Director 10% Owner Officer (give title Other (specify below) below)					
	ABAY CEUTICALS, IN STREET, SUITE	C., 5980	01/30/2	2014				,		,			
	4. If Amendment, Date Original Filed(Month/Day/Year)				Ap	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
EMERYV	ILLE, CA 94608						Pe	rson	.,		oporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securiti	ies Acquir	ed, Disposed	d of, o	or Beneficia	lly Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D		Date, if	3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) or l of (D) 4 and 5)	Secu Bene Own Follo	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	al 1ip	
				Code V	Amount	(A) or (D) Pr		saction(s) r. 3 and 4)					
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned direc	ctly or indi	rectly.					
	. 1				Perso	ons who	respond	I to the col I in this for			SEC 1474 (9-02)		

displays a currently valid OMB control number.

required to respond unless the form

(9-02)

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. Transact Code (Instr. 8)	5. Number of orDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option (right to buy) $(1)$	\$ 1.14	01/30/2014		А	86,528	01/30/2014 <u>(2)</u>	01/30/2024	Common Stock	86,528

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
McPherson T. Alex C/O NOVABAY PHARMACEUTICALS, INC. 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608	Х					
Signatures						
/s/ Justin Hall as attorney in fact for T. Alex McPherson	01/31/2014					
<u>**</u> 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) Granted pursuant to the 2007 Omnibus Incentive Plan and the 2014 Non-Employee Director Compensation Plan
- (2) Stock Options will vest in 12 equal monthly installments, starting on the date of grant.

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.