SEC Form 4

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

OMB Number: Estimated average burden hours per response:

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 [*] Litvack Frank					2. Issuer Name and Ticker or Trading Symbol <u>Nile Therapeutics, Inc.</u> [NLTX]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/10/2011									Officer (g below)	ive title		Other (below)		
C/O NILE THERAPEUTICS, INC. 4 WEST 4TH AVENUE, SUITE 400					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN MATEO CA 94402														Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		٦	ſable I - Non	-Derivat	ive S	Securiti	es Acc	quired, [Disp	osed o	f, or l	Benefi	cially Ow	ned					
				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				5. Amount Securities Beneficially Following F	/ Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock													200,0	00,000		I	Calmedica Capital L.P. ⁽¹⁾		
			Table II - D (e	erivativ e.g., puts				,	•					ed					
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/Yea	Code (Instr.		Derivative		6. Date Exercisa Expiration Date (Month/Day/Year			Secur Deriva	7. Title and Amount of Securities Underlyin Derivative Security (I 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported	e Ownership s Form: Ily Direct (D) or Indirect g (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares	· Transac (Instr. 4)		ion(s)			
Stock Option (Right to Buy)	\$1.46							(2)	0	9/24/2019		nmon tock	130,000		130,000		D		
Stock Option (Right to Buy)	\$0.37							07/26/201	I 0'	7/26/2020		nmon tock	80,000		80,000		D		
Stock Option (Right to Buy)	\$0.73	05/10/2011		A		80,000		05/10/201	2 0.	5/10/2021		nmon tock	80,000	\$0	80,000		D		
Warrant (Right to Buy)	\$1.25							07/07/200) 0	7/07/2014		nmon tock	50,000		50,00	50,000 I		Calmedica Capital, L.P. ⁽¹⁾	
Warrant (Right to Buy)	\$1.71							07/07/200	0	7/07/2014		nmon tock	50,000		50,000		I	Calmedica Capital L.P. ⁽¹⁾	
Warrant (Right to Buy)	\$2.28							07/07/200	0	7/07/2014		nmon tock	100,000		100,0	00	I	Calmedica Capital L.P. ⁽¹⁾	

Explanation of Responses:

1. The Reporting Person is a limited partner in the limited partnership that owns the shares and the warrants. The Reporting Person disclaims beneficial ownership of these shares and warrants except to the extent of his pecuniary interest therein.

2. The shares subject to the option vest in three equal installments on September 24, 2011, September 24, 2012, and September 24, 2013.

Remarks:

/s/ Frank Litvack

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.

** Signature of Reporting Person

05/12/2011

