FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

Name and Address of Reporting Person*  Evans Daron				2. Issuer Name and Ticker or Trading Symbol Nile Therapeutics, Inc. [ NLTX ]										tionship of R all applicabl Director		erson(s	s) to Issuer 10% Ow	ner			
(Last)	(First)	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009									X	Officer (gi		-:-1.0	Other (s below)	pecify			
C/O NILE THERAPEUTICS, INC.															Chief Financial Officer						
115 SANSOME STREET, SUITE #310				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) SAN FRANCISCO CA 94104		4104			I								Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(State	) (Z	Zip)																		
		T	able I - Nor	า-Deriง	vative	e Se	curitie	s Acc	uired, D	isp	osed of	f, or B	enefic	ially Ow	ned						
Date				nsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Di			Securities Acquired (A) o isposed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficially Following F	Owned Reported	6. Own Form: I or Indii (Instr. 4	Direct (D) rect (I) 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Transaction (Instr. 3 and				(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)	Cod	Transaction Code (Instr.		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 derivative Securities Beneficiall Owned Following Reported	y [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	de \	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		Amount or Number of Shares		Transactio (Instr. 4)	n(s)				
Employee Stock Option (right to buy)	\$0.88	01/16/2009			A		49,020		(1)	0	1/15/2019	Comi		49,020	\$0	49,020		D			

## **Explanation of Responses:**

1. 100% of the shares subject to the option are fully vested and immediately exercisable.

/s/ Daron Evans

01/20/2009

Date

\*\* Signature of Reporting Person

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).