## Edgar Filing: BioAmber Inc. - Form 4

BioAmber In Form 4 May 08, 201 <b>FORN</b> Check th if no lon, subject to Section 1 Form 4 c Form 5 obligatio may con <i>See</i> Instr 1(b).	5 <b>1 4</b> UNITED S is box ger o 16. or Filed purs Section 17(a	<b>IENT O</b> suant to sa) of the	Was F CHAN Section 14 Public Ut	Shington, GES IN I SECUR 6(a) of the	D.C. 20 BENEFI ITIES e Securit ling Com	549 ICIA ies E	L OW	COMMISSION NERSHIP OF ge Act of 1934, of 1935 or Secti 940	N OMB Number: Expires: Estimated burden ho response.	ours per	
1. Name and Address of Reporting Person _2. IssuHartmann Michael A.Symbol				Issuer Name <b>and</b> Ticker or Trading nbol DAmber Inc. [BIOA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month			(Month/D	Date of Earliest Transaction Month/Day/Year) 5/06/2015				Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President			
				nendment, Date Original onth/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			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ties Ac	equired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	on Date, if	Code	TransactionAcquired (A) or			SecuritiesForBeneficially(DOwnedInFollowing(InReportedTransaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/06/2015			Code V P	Amount 1,100	(D) A	Price \$ 9	(Instr. 3 and 4) 22,820	D		
Common Stock								2,500	I	Registered Plan Account	

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

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 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	Conversion (Month/Day/Year) Execution E or Exercise any Price of (Month/Day Derivative		Code of				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
:	Reporting Ov	vner Name / Address	Directo	or 10% O		elationships		(	Other		
C/O BIO	n Michael A AMBER IN NE LEVES(		ГЕ 4110		E	executive Vi	ice Preside	ent			

Signatures

MONTREAL, A8 H3B4W8

/s/ Jean-Francois Huc attorney-in-fact for Michael A. Hartmann	05/08/2015			
**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).

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.