### Edgar Filing: Cashion Charles - Form 4

Form 4											
January 13, 2011 FORM 4 UNITED STATES SI									OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check th if no lon subject t Section Form 4 c	so <b>STATE</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section							Expires: January 31 2009 Estimated average burden hours per response 0.9		
Form 5 obligatic may con <i>See</i> Instr 1(b).	ons Section 17 tinue. ruction										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Cashion Charles			2. Issuer Name <b>and</b> Ticker or Trading Symbol NovaBay Pharmaceuticals, Inc. [NBY]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		(Middle) 3 (1) (C., 5980	. Date o	f Earliest Tr Day/Year) 011	ransaction		X Director Officer (giv below)		% Owner er (specify		
EMERYVI		4. If Amendment, Date Original Filed(Month/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)	Tab	le I - Non-I	)erivative	Securities A	cquired, Disposed	of or Beneficia	llv Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Da		Execution D	Date, if TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V		(D) Price					
Reminder: Rep	port on a separate lin	e for each class	s of secu	irities benef	icially own	ned directly of	or indirectly.				

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

# **Reporting Owners**

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisat	ole and	7. Title and A	Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactiorDerivative		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)				
	Derivative				or Disposed of				
	Security			(D)					
					(Instr. 3, 4,				
					and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option (right to buy) <u>(1)</u>	\$ 1.67	01/03/2011		А	39,749	01/03/2011(2)	01/02/2021	Common Stock	39,749

## **Reporting Owners**

S

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cashion Charles C/O NOVABAY PHARMACEUTICALS, INC. 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608	Х					
Signatures						
/s/ Theresa Granados, as Attorney-in-Fact for Cha Cashion	arles J.	0	1/13/201	1		

#### \*\*Signature of Reporting Person

### **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 NovaBay Pharmaceuticals, Inc. Director Compensation Plan.
- (2) Stock Option will vest in equal monthly installments over one year starting from the date of the 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.

Date