## Edgar Filing: BIOLARGO, INC. - Form 4

| BIOLARG<br>Form 4                                                                                                                              | O, INC.                                 |                                           |                                                                   |                               |                                                      |                                                                                                                                                                                      |                                                                                                                    |                                                                      |                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------------------------------------|-------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| June 03, 20                                                                                                                                    |                                         |                                           |                                                                   |                               |                                                      |                                                                                                                                                                                      |                                                                                                                    |                                                                      | PPROVAL                                                           |  |
| FORM                                                                                                                                           | <b>A</b> 4 UNITED                       | STATES                                    |                                                                   | RITIES A                      |                                                      |                                                                                                                                                                                      | COMMISSIO                                                                                                          |                                                                      | 3235-0287                                                         |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b). |                                         |                                           |                                                                   | NGES IN<br>SECUI              | BENEF<br>RITIES<br>ne Securi<br>Iding Cor            | Expires:<br>Estimated<br>burden hou<br>response                                                                                                                                      | es: January 31,<br>2005<br>ated average<br>en hours per                                                            |                                                                      |                                                                   |  |
| (Print or Type                                                                                                                                 | Responses)                              |                                           |                                                                   |                               |                                                      |                                                                                                                                                                                      |                                                                                                                    |                                                                      |                                                                   |  |
|                                                                                                                                                | Address of Reporting<br>Y ADRIAN        | Person <u>*</u>                           | Symbol                                                            | er Name <b>an</b><br>ARGO, IN |                                                      | -                                                                                                                                                                                    | 5. Relationship<br>Issuer                                                                                          | of Reporting Per<br>eck all applicabl                                |                                                                   |  |
| (Last)                                                                                                                                         | (First) (1                              | Middle)                                   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>05/29/2008 |                               |                                                      |                                                                                                                                                                                      | Officer (give title10% Owner<br>Officer (give titleOther (specify<br>below)                                        |                                                                      |                                                                   |  |
| (Street)                                                                                                                                       |                                         |                                           | 4. If Amendment, Date Original Filed(Month/Day/Year)              |                               |                                                      | <ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul> |                                                                                                                    |                                                                      |                                                                   |  |
| (City)                                                                                                                                         | (State)                                 | (Zip)                                     | Tab                                                               | ole I - Non-J                 | Derivative                                           | Securities A                                                                                                                                                                         | cquired, Disposed                                                                                                  | of, or Beneficia                                                     | lly Owned                                                         |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                           | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deem<br>Execution<br>any<br>(Month/Da | Date, if                                                          | Code<br>(Instr. 8)            | 4. Securit<br>mAcquired<br>Disposed<br>(Instr. 3, 4) | (A) or<br>of (D)                                                                                                                                                                     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Reminder: Re                                                                                                                                   | port on a separate line                 | for each cl                               | ass of sec                                                        | urities bene                  | Perso<br>inform<br>requir                            | ns who res<br>nation cont<br>red to response<br>ays a current                                                                                                                        | or indirectly.<br>spond to the colle<br>ained in this form<br>ond unless the fo<br>ntly valid OMB co               | n are not<br>rm                                                      | SEC 1474<br>(9-02)                                                |  |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of |             | 3. Transaction Date |                    |            | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|------------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | orDerivative | 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<br>Security |            |      | ( | or Dispose<br>(D)<br>(Instr. 3, 4<br>and 5) |     |                     |                    |                 |                                     |
|----------------------------------------------|------------------------|------------|------|---|---------------------------------------------|-----|---------------------|--------------------|-----------------|-------------------------------------|
|                                              |                        |            | Code | V | (A)                                         | (D) | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of Shares |
| Options<br>to<br>Purchase<br>Common<br>Stock | \$ 1.55                | 05/29/2008 | А    |   | 10,000                                      |     | 05/29/2009          | 05/29/2018         | Common<br>Stock | 10,000                              |

## **Reporting Owners**

| Reporting Owner Name / Address |          | Relationships |         |       |  |  |  |  |
|--------------------------------|----------|---------------|---------|-------|--|--|--|--|
|                                | Director | 10% Owner     | Officer | Other |  |  |  |  |
| COX GARY ADRIAN                |          |               |         |       |  |  |  |  |
|                                | Х        |               |         |       |  |  |  |  |
|                                |          |               |         |       |  |  |  |  |
| Signatures                     |          |               |         |       |  |  |  |  |
| Gary Adrian                    |          |               |         |       |  |  |  |  |

| Cox                                        | 06/02/2008 |  |  |
|--------------------------------------------|------------|--|--|
| <u>**</u> Signature of<br>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.