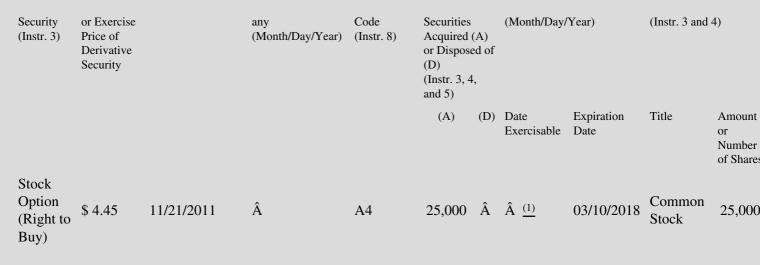
Lieu Hsiao Form 5							
February 1						OMB A	PPROVAL
FORI		STATES SECU	IRITIES AN	ND EXCHANGE	OMB	3235-0362	
	Check this box if W			D.C. 20549	000000000000000000000000000000000000000	Number: Expires:	January 31,
5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a Form 3 Holdings Section 17(a) of the Public Utility Percent				NT OF CHANGES IN BENEFICIAL			2005 average urs per
Transac Reporte							
Lieu Hsiao s				icker or Trading	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(Last) (First) (Middle)		•	's Fiscal Year Ended	(Check all applicable)		
()	()	(Month	/Day/Year)		Director 10% Owner		
-	THERAPEUTIC 5 SANSOME STI 10		2011		_X_ Officer (give below) VP, C	below) Slinical Resear	
	(Street) 4. If A		f Amendment, Date Original		6. Individual or Joint/Group Reporting		
Filed			onth/Day/Year)		(check applicable line)		
SAN FRA	NCISCO, CAÂ	0/10/					
SANTKA	INCISCO,A CAA	94104			_X_ Form Filed by Form Filed by I Person		
(City)	(State)	(Zip) Ta	ble I - Non-De	erivative Securities Ac	quired, Disposed of	f, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	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 and 5) (A) or	Securities I Beneficially ( Owned at end I of Issuer's ( Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount (D) Price	;		
	eport on a separate line neficially owned direct		contained	vho respond to the in this form are no displays a currently	t required to resp	ond unless	SEC 2270 (9-02)
	Tab			ired, Disposed of, or E options, convertible se			
1 Title of	2 3 Tran	saction Date 3A De	emed	4 5 Numb	er of 6 Date Eve	cisable and	7 Title and Am

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying Securities

## Edgar Filing: Lieu Hsiao - Form 5



## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships		
1	Director	10% Owner	Officer	Other	
Lieu Hsiao C/O NILE THERAPEUTICS, INC. 115 SANSOME STREET, SUITE #310 SAN FRANCISCO, CA 94104	Â	Â	VP, Clinical Research	Â	
Cianaturaa					

## Signatures

/s/ Daron Evans as Attorney-in-Fact for Hsiao D. Lieu pursuant to Power of Attorney 02/14/2012 previoulsy filed.

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).

On 03/10/08, the Reporting Person was granted an option to purchase up to 100,000 shares of common stock of the Issuer. Up to 1/4 of the shares subject to the option may vest annually based on the achievement of certain performance milestones as determined by the Compensation Committee of the Board of Directors (the Committee") of the Issuer. On 1/19/09, the Committee determined that options for the prorated period ending 12/31/08 would vest in the amount of 9,123 shares, with options to purchase 11,151 shares being forfeited.

(1) In the protated period ending 12/31/08 would vest in the amount of 9,123 shares, with options to purchase 11,131 shares being forfeited. On 1/19/10, the Committee determined that options for the period ending 12/31/09 would vest in the amount of 12,500 shares, with options to purchase 12,500 shares being forfeited. On 12/17/10, the Committee determined that options for the period ending 12/31/10 would vest in the amount of 25,000 shares. On 11/21/11, the Committee determined that options for the period ending 12/31/11 would vest in the amount of 25,000 shares.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.