Edgar Filing: NEUROLOGIX INC/DE - Form 4

NEUROLOC	GIX INC/DE										
Form 4	1 2006										
Check this box				RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5			
obligatior may conti <i>See</i> Instru 1(b).	ns Section 1 inue. action	7(a) of the	Public U	tility Hold		bany A	Act of	1935 or Section	1		
(I IIII OI I JPO I	(esponses)										
JOHNSON CLARK A Symbol NEU			Symbol	ROLOGIX INC/DE				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O NEURO BRIDGE PL	(First) DLOGIX, INC LAZA	(Middle) ., ONE	3. Date of (Month/E 12/01/2	-	ansaction			X Director Officer (give t below)		Owner r (specify	
			endment, 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 				
FORT LEE,	NJ 07024							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	ecuriti	es Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D. (Month/Day/Yea	r) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securitie n(A) or Disp (Instr. 3, 4 a Amount	osed c	of (D)	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)	
Common Stock	12/01/2006			Р	125,000	A	\$ 0.75	575,508	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)

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)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
JOHNSON CLARK A C/O NEUROLOGIX, INC ONE BRIDGE PLAZA FORT LEE, NJ 07024	· X							
Signatures								
/s/ Clark A. Johnson	12/01/2006							
<u>**</u> 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.