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SOFAER AB	RAHAM D												
Form 4													
June 27, 2006	5												
EODM	Л										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287					
Check this									Expires:	January 31,			
if no longe	er STATEM	ENT OF (CHANC	JES IN	BE	NEFI	CIA	LOW	NERSHIP OF		2005		
subject to Section 16			SECURITIES								Estimated average burden hours per		
Form 4 or										response	•		
Form 5	Filed purs	uant to Sec	ction 16	(a) of th	ne S	ecuriti	ies Ez	xchang	ge Act of 1934,	reepeneen	0.0		
obligation	⁸ Section $17(a$							-	of 1935 or Sectio	n			
may conti <i>See</i> Instru- 1(b).	nue.	30(h) of		•		-	- ·						
(Print or Type R	esponses)												
1. Name and Ad	erson *	2. Issuer Name and Ticker or Trading Symbol NEUROBIOLOGICAL					g	 Relationship of Reporting Person(s) to Issuer (Check all applicable) 					
SOFAER AI	-												
	N												
		Т	ECHNO	DLOGI	ES I	INC /C	CA/ []	NTII]	(check an applicable)				
(Last)	(First) (M	liddle) 3.	Date of I	Earliest T	ransa	action			X Director		6 Owner		
			(Month/Day/Year)						Officer (give title Other (specify below) below)				
	DBIOLOGICAL		6/12/20	06					below)	below)			
	DGIES, INC., 200												
POWELL ST	FREET, SUITE 8	00											
	4.	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check					
	Fi	Filed(Month/Day/Year)						Applicable Line)					
									X Form filed by				
EMERYVIL	LE, CA 94608								Form filed by M Person	Aore than One Re	eporting		
(City)	(State) (Zip)											
(0.0))	(build)		Table	I - Non-I	Deriv	vative S	securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date			3.		. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year)								Securities	Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month/Daj	v/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					(D) or Indirect (I)	Ownership			
		(Wond)/Da	(Insu. o)						Following	(Instr. 4)	(Instr. 4)		
								Reported					
							(A) or		Transaction(s)				
				Code V	V A	mount	(D)	Price	(Instr. 3 and 4)				
C											Jointly		
Common	06/12/2006	06/22/200	06	Р	2	,800	А	\$3	453,782	I (1)	with		
Stock											spouse		

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.

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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	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SOFAER ABRAHAM D C/O NEUROBIOLOGICAL TECHNOLOGIES, INC. 2000 POWELL STREET, SUITE 800 EMERYVILLE, CA 94608		Х					
Signatures							
/s/ Alice Byrd, by power of attorney	06/23/2006						
<u>**Signature of Reporting Person</u>	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).

(1) 25,855 shares out of the total amount of securities beneficially owned are jointly owned with spouse.

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.