### Edgar Filing: NEUROBIOLOGICAL TECHNOLOGIES INC /CA/ - Form 4

NEUROBIC Form 4 June 03, 200	DLOGICAL TEC	HNOLOC	GIES IN	C /CA/	-	-				
<b>FORM</b> Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Insta 1(b).	nis box ger o 16. or Filed pur ons tinue.	<b>MENT O</b> rsuant to S (a) of the l	Wa F CHAN Section 1 Public U	NGES IN SECUE	, D.C. 20 BENEF RITIES le Securit ding Cor	9 <b>549</b> ICIAI ties Ex npany	L OW	COMMISSION WNERSHIP OF ge Act of 1934, of 1935 or Section 940	N OMB Number: Expires: Estimated burden hou response	urs per
(Print or Type	Responses)									
1. Name and A KASPER F	2. Issuer Name <b>and</b> Ticker or Trading Symbol NEUROBIOLOGICAL TECHNOLOGIES INC /CA/ [NTII]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O NEUR TECHNOL POWELL S	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>05/30/2008</li></ul>					Officer (give title Other (specify below) below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>		
(City)	(State)	(Zip)	Tab	la I Non I	Doministino	Same	tion Ar		of on Donoficio	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/Year)		ed Date, if	Code Disposed of (D)			)	5. Amount of Securities Beneficially Owned		7. Nature of Indirect
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned dire	ectly or	r 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 2 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 4. 8 Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securities Γ (Instr. 3 and 4) Security or Exercise any Code Securities (Month/Day/Year) S Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Acquired (A) ( Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Expiration Title Amount Exercisable Date or Number of Shares Stock Option Common \$3 05/30/2008 52,000 (1) 05/30/2018 52,000 Α Stock (right to buy) **Reporting Owners** Relationships **Reporting Owner Name / Address**

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Director 10% Owner Officer Other KASPER F VAN C/O NEUROBIOLOGICAL TECHNOLOGIES, INC. X 2000 POWELL STREET, SUITE 800 EMERYVILLE, CA 94608

# **Signatures**

/s/ Alice Byrd, by power of 06/02/2008 attorney

\*\*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).

Date

This option becomes fully vested with respect to one-half of the underlying shares on the date of grant and vests with respect to (1)one-quarter of underlying shares on each of the first and second anniversaries of the date of 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.