FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					U	Ject	1011 30(11)	OI LITE	invesiment C	UIII	party Act C	1 1340							
1. Name and Address of Reporting Person* HODGMAN JOHN			2. Issuer Name and Ticker or Trading Symbol AVI BIOPHARMA INC [AVII]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
11000	11111110	TIIN												X	Director	r		10% Ow	ner
(Last) (First) (Middle) ONE SW COLUMBIA, SUITE 1105				3. Date of Earliest Transaction (Month/Day/Year) 05/22/2007								Officer (give title Other (specifical below) below)					pecify		
0112011	0020111	311, 00112 110				If Ame	ndmont	Doto	of Original File	.d (I	Month/Dox	(Voor)		6 Ind	ividual or 1	oint/Croup	Filing	(Chook App	licable
(Street) PORTLAND OR 97258		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	itate)	(Zip)		-								Person						
		Tal	ble I - Nor	ı-Deri۱	vativ	e Se	curitie	s Ad	cquired, Di	sp	osed of	f, or Bei	nefic	ially	Owned				
Date				Day/Year) Exc		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		1 and Securitie Beneficia Owned F		es F ally (I Following (I	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) or (D)	Pri	ice	Reported Transacti (Instr. 3 a	tion(s)		1	(Instr. 4)	
			Table II -	Deriva	ative	Sec	urities	Acc	uired, Dis	no	sed of			ally (Owned		<u> </u>		
									s, options,										
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution D if any (Month/Day	on Date, Ti		action Instr.	of Ex		Expiration Da	o. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$3.03	05/22/2007			A		10,000		06/22/2007 ⁽¹⁾	0	5/22/2017	Common Stock	10,0	000	(2)	10,00	0	D	
Non- Qualified Stock Option (right to buy)	\$2.24								06/15/2005 ⁽¹⁾	05	5/18/2015	Common Stock	10,0	000		10,00	0	D	
Non- Qualified Stock Option (right to buy)	\$2.92								03/22/2005 ⁽³⁾	03	3/22/2014	Common Stock	33,3	334		33,33	4	D	
Non- Qualified Stock Option (right to	\$4.64								06/24/2006 ⁽¹⁾	05	5/24/2016	Common Stock	10,0	000		10,00	0	D	

Explanation of Responses:

buv)

- 1. Option Grant vests monthly until all shares are vested one year from date of grant.
- 2. Price not required on initial report of stock option granted.
- 3. Option Grant vests 25% per year on grant date with all shares vesting four years from date of grant.

By: Mark M. Webber, Attorney-in-fact For: John

** Signature of Reporting Person

Hodgman

05/24/2007

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.