FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

OMB APPROVAL

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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

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1. Name and Address of Reporting Person* <u>kole Ryszard</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol AVI BIOPHARMA INC [ AVII ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) (First) (Middle) 4575 SW RESEARCH WAY, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 02/09/2010										Officer (give title below)  SVP/Discovery Res			below)	,	
(Street) CORVALLIS OR 97333					4.	If Ame	endment,	Date	of Or	riginal File	ed (1	Month/Da	Line	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(City)	(5	State)	(Zip)													Person					
		Та	ble I - Nor	ı-Deriv	/ativ	ve Se	curitie	s A	cqui	ired, D	isp	osed o	f, or	3ene	ficially	y Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date if any (Month/Day/Ye		Code (Instr.						Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(4	(A) or (D)		Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)			
Common Stock															1,862,926		D				
			Table II -	Deriva (e.g., p	tive outs	Sec , cal	urities ls, war	Ac rant	quire ts, o	ed, Dis ptions	po , cc	sed of, onvertil	or B	enefic curit	cially ies)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/		ode (	nsaction of Ex			Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)				curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exer	rcisable	Ex Da	piration ate	Title	or Nu	nount mber Shares						
Incentive Stock Option (right to buy)	\$1.45	02/09/2010			A		47,184		02/09	9/2011 <sup>(1)</sup>	02	//09/2020	Comm		7,184	\$0 <sup>(2)</sup>	47,18	14	D		
Non- Qualified Stock Option (right to buy)	\$1,45	02/09/2010			A		72,816		02/09	9/2011 <sup>(1)</sup>	02	//09/2020	Comm		2,816	\$0 <sup>(2)</sup>	72,81	.6	D		
Incentive Stock Option (right to buy)	\$0.92								02/10	0/2010 <sup>(1)</sup>	02	//10/2019	Comm		00,000		100,00	00	D		
Incentive Stock Option (right to	\$1.71								04/10	0/2009 <sup>(3)</sup>	04	//10/2018	Comm		50,000		150,00	00	D		

## **Explanation of Responses:**

- 1. The Stock Option Grant vest as follows: 1/3 vest one year from date of grant and 1/3 each year thereafter until all shares vest three years from grant date.
- 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.

Ryszard Kole 02/11/2010

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.