FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01	r Sect	ion 30(h)	of the	Investmen	t Con	npany Act o	of 1940							
1. Name and Address of Reporting Person* HODGMAN JOHN					2. Issuer Name and Ticker or Trading Symbol AVI BIOPHARMA INC [AVII]									ationship o k all applica Director	,				
(Last) (First) (Middle) 3450 MONTE VILLA PARKWAY, SUITE 101				06	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2010									Officer (give title Other (specify below) below)					
(Street) BOTHELL WA 98021 (City) (State) (Zip)				4.1	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 Person						
(City)	(S		(Zip)																
			2. Transaction Date (Month/Day/Year		n	2A. Deemed Execution Date		e, Transaction Disposed Of (I Code (Instr. 5)			ies Acquir	Acquired (A) or		5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock ⁽¹⁾			06/08	06/08/2010				A		5,000	000 A		\$ <mark>0</mark>	10,000		D			
			Table II -						quired, D s, option						wned				
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/	ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	nber					
Non- Qualified Stock Option (right to buy)	\$1.3	06/08/2010			A		30,000		06/08/2011	(2)	06/08/2020	Common Stock	30,0	000	\$0	30,000	0	D	
Non- Qualified Stock Option (right to buy)	\$1.1								05/19/2010	(3)	05/19/2019	Common Stock	20,0	000		20,000		D	
Non- Qualified Stock Option (right to buy)	\$1.55								06/20/2008	(4)	05/20/2018	Common Stock	20,0	000		20,000		D	
Non- Qualified Stock Option (right to buy)	\$2.24								06/15/2005	(4)	05/18/2015	Common Stock	10,0	000		10,000		D	
Non- Qualified Stock Option (right to buy)	\$2.92								03/22/2005	(5)	03/22/2014	Common Stock	33,	334		33,33	4	D	
Non- Qualified Stock Option (right to buy)	\$3.03								06/22/2007	(4)	05/22/2017	Common Stock	10,0	000		10,000	0	D	
Non- Qualified Stock Option (right to	\$4.64								06/24/2006	(4)	05/24/2016	Common Stock	10,0	000		10,00	0	D	

Explanation of Responses:

- 2. This option will vest on the earlier of (i) the anniversary date of the grant or (ii) the date of the Annual Meeting in the year following the date of grant.
- 3. Vesting: 25% of the shares vest each year from the date of grant with all shares vesting in four years.
- 4. Option Grant vests monthly until all shares are vested one year from date of grant.
- 5. Option Grant vests 25% per year on grant date with all shares vesting four years from date of grant.

By: Melinda Miles For: John 06/09/2010 **Hodgman**

** Signature of Reporting Person

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.