FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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* SHREWSBURY STEPHEN B							2. Issuer Name and Ticker or Trading Symbol AVI BIOPHARMA INC [AVII]								Check a	ll applicabl Director	le)	Person(s) to Is	wner
(Last) (First) (Middle) ONE SW COLUMBIA, SUITE 1105							3. Date of Earliest Transaction (Month/Day/Year) 01/26/2009									below)			(specify
(Street) PORTLAND OR 97258 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 01/28/2009										ne)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exe ay/Year) if ar		A. Deemed xecution Date, any //onth/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3,			nd S	. Amount of ecurities eneficially wned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount (A		(A) or (D)	Price	, т	ransaction(nstr. 3 and			(1130.4)
Common Stock 01/26/2					2009 ⁽¹⁾						60,00	0	A	\$0		60,000		D	
		Та	ıble II - D								sed of, onvertib				y Ow	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	Date, Transact Code (In		of	rative rities ired r osed)	6. Date Expiration (Month/Date Month/Date Mo	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Pric Deriva Securi (Instr.	tive deriv ty Secu 5) Bene Own Follo Repo	owing orted saction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		res					

Explanation of Responses:

1. This RSA is granted pursuant to the employee's Employment Agreement which states 100% vesting after 181 days from the grant date.

Stephen Bevan Shrewsbury 01/30/2009

** Signature of Reporting Person Date

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

- * 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.