FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
1	OMB Number:	3235-0287									
	Estimated average burden										
	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

1. Name and Address of Reporting Person* CASEY MICHAEL D						2. Issuer Name and Ticker or Trading Symbol AVI BIOPHARMA INC [AVII]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>CASE</u>	<u>Y MICH</u>	AEL D	1	AVI DIOPHARINA INC [AVII]								X Director			10% Owner		vner				
(Last) (First) (Middle) 4575 SW RESEARCH WAY, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2009									Officer (give title Other (specify below) below)							
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CORVA	LLIS O	97333												X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State)		(Zip)			Person																
		Tal	ble I - Nor	n-Deriv	vativ	e Se	curitie	s Ac	quired,	Disp	osed o	f, or B	nef	icially	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A) or (D)		or F	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 05/19/						/2009			A		5,000() ⁽¹⁾ A		\$ <mark>0</mark>	5,000			D			
			Table II -						uired, D s, option						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 D if any (Month/Day)	ate,	4. Transa Code (8)		tion of Ex		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares							
Non- Qualified Stock Option (right to buy)	\$1.1	05/19/2009			A		20,000		06/19/2009	(2)	05/19/2019	Commo Stock	20	,000	\$ 0 ⁽³⁾	20,00	0	D			
Non- Qualified Stock Option (right to buy)	\$1.55								06/20/2008	(2)	05/20/2018	Commo Stock	20),000		20,00	0	D			
Non- Qualified Stock Option (right to buy)	\$3.03								06/22/2007	(2)	05/22/2017	Commo Stock	10	,000		10,00	0	D			
Non- Qualified Stock Option (right to	\$4.64								05/24/2007	(4)	05/24/2016	Commo Stock	33	3,000		33,00	0	D			

Explanation of Responses:

- 1. Restricted Stock Award granted 5/19/2009 to active non-employee Director. Award vests one year from date of grant and will be released provided the Director still is an active member of the Board.
- 2. Option Grant vests monthly until all shares are vested one year from date of grant.
- 3. Price not required on initial report of stock option granted.
- $4. \ Vesting: 25\% \ of the shares \ vest \ each \ year \ from \ the \ date \ of \ grant \ with \ all \ shares \ vesting \ in \ four \ years.$

Michael D. Casey 05/21/2009

** 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.