## Edgar Filing: NANOVIRICIDES, INC. - Form 4

NANOVIRI	CIDES, INC.											
Form 4												
August 26, 2	009											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB A	PPROVAL		
	UNITE	DSTATES					NGE C	COMMISSION	OMB	3235-0287		
Check this box Washington, D.C. 20549							Number:	January 31,				
if no long	if no longer						NEDSHID OF	Expires:	2005			
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average					
Section 16. Form 4 or					SECURITIES					burden hours per response 0.5		
Form 5		oursuant to a	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,	response	0.5		
obligation	<sup>18</sup> Section 1						-	1935 or Section	n			
may cont See Instru	inue.			vestment	•	· ·						
1(b).	letion											
(Print or Type F	Responses)											
1 Nome and A	dduasa of Danauti	na Dansan *						5 Deletionship of	Donostin a Dos	an(a) to		
				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Symbol Symbol												
NANOVIRICIDES, INC. [NNVC.OB]								(Check all applicable)				
(Least)	(First)	(Middle)	-	-	<i>.</i> .			Director	V 100	Owner		
(Last) (First) (Middle) 3. Date of (Month/Da 135 WOOD STREET, SUITE 205 08/24/20			Earliest Transaction			DirectorX10% Owner Officer (give title Other (specify						
				-				below) below)				
									:	- (01 1		
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon	iui/Day/1Cai)				_X_ Form filed by C	One Reporting Pe	erson		
WEST HAV	'EN, CT 06516	6						Form filed by M	Iore than One Re	porting		
		(7.)						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D		3. 4. Securities Acquired				5. Amount of	6. Ownership				
Security	(Month/Day/Yea		ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) //Day/Year) (Instr. 8)					Beneficially	Form: Direct Indirect (D) or Benefic Indirect (I) Owners			
(Instr. 3)		any (Month/								Ownership		
		(		(				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(instr. 5 and 1)				
Common	08/24/2009			S	12,000	D	\$	34,448,900	D			
Stock $(1)$							0.86					
Common	08/25/2009			S	10,000	D	\$ 0.91	34,438,900	D			
Stock (1)	00/25/2009			5	10,000	D	0.91	54,450,900	D			

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
Theracour Pharma, Inc. 135 WOOD STREET SUITE 205 WEST HAVEN, CT 06516		Х						
Signatures								
/s/ Anil Diwan	08/26/2009							
<u>**</u> Signature of Reporting Person	Date							

## **Explanation of Responses:**

- \* 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).
- (1) Represents shares of common stock sold in accordance with TheraCour's Rule 10b5-1 Trading Plan adopted with the Registrant as disclosed on Form 8-K on February 10, 2009.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.