FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person Huh Hoyoung				Issuer Name and Ticker or Trading Symbol AntriaBio, Inc. [ANTB]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner				
(Last) (First) (Middle) 1450 INFINITE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 10/31/2016						X Officer (give title below) Other (specify below) Chairman, Scientific Adv. Bd.				
(Street) LOUISVILLE, CO 80027				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acquir	tired, Disposed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day/Yea	Execu r) any	Deemed ition Date, if	Code (Instr.		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of Se Owned Followin Transaction(s)		Ov Fo	wnership of orm: Be	eneficial	
				(Mon	th/Day/Year	Cod	le V	(A) or		or In (I)		Indirect (Ir	Indirect (Instr. 4)	
										collection of				74 (9-02)
			Table II				a curre	ently valid ON osed of, or Ben	B contro		inless the	form display	/s	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., p) 4. Transact Code	5. Num Derivat Securiti Acquire	ber of ive es ed (A) or ed of (D)	a curred, Dispositions, confice the Expiration (Month/D	ently valid ON osed of, or Ben onvertible secun tercisable and on Date	eficially (rities)	Owned and Amount of ing Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p) 4. Transact Code	5. Num Derivat Securiti Acquire Dispose (Instr. 3	ber of ive es ed (A) or ed of (D)	a curred, Dispositions, confice the Expiration (Month/D	ently valid ON osed of, or Ben onvertible security cercisable and or Date ay/Year) Expiration	eficially (rities) 7. Title a	Owned and Amount of ing Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficial Ownership

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Huh Hoyoung 1450 INFINITE DRIVE LOUISVILLE, CO 80027	X		Chairman, Scientific Adv. Bd.			

Signatures

/s/ Hoyoung Huh	01/18/2017
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) On October 31, 2016, the Reporting Person was granted 8,500,000 shares of common stock. Pursuant to Board approval and a Refresh Option Agreement, the number of shares was reduced for no consideration on December 27, 2016. An additional 2,700,000 shares may be issued upon certain performance only criteria.
- (2) The option vests in forty-eight equal installments beginning on the date so indicated and every month thereafter, such grant vested in full at 4 years.

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.