

Tompkins Tamara  
 Form 3  
 September 27, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Tompkins Tamara		(Month/Day/Year)	AMYRIS, INC. [AMRS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		09/27/2010		
C/O AMYRIS, INC.,Â 5885			(Check all applicable)	
HOLLIS ST., SUITE 100			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
EMERYVILLE,Â CAÂ 94608			SVP, Gen??l Counsel & Sec??ty	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	100,000	D	Â

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)(2)	05/08/2017	Common Stock	100,000	\$ 0.28	D	Â
Stock Option (Right to Buy)	Â (1)(3)	09/13/2019	Common Stock	10,000	\$ 4.31	D	Â
Stock Option (Right to Buy)	Â (1)(4)	01/06/2020	Common Stock	30,000	\$ 9.32	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Tompkins Tamara C/O AMYRIS, INC. 5885 HOLLIS ST., SUITE 100 EMERYVILLE, CA 94608	Â	Â	Â SVP, Gen'l Counsel & Sec'y	Â

## Signatures

/s/ Tamara Tompkins 09/27/2010

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Immediately exercisable.
- (2) The stock option vested as to 1/5th of the total number of shares subject to the option on November 6, 2007, and thereafter vested and shall vest as to 1/60th of the total number of shares subject to the option in equal monthly installments.
- (3) The stock option vested as to 1/5th of the total number of shares subject to the option on October 1, 2009, and thereafter vested and shall vest as to 1/60th of the total number of shares subject to the option in equal monthly installments.
- (4) The stock option vested as to 1/60th of the total number of shares subject to the option on November 27, 2009, and thereafter vested and shall vest as to 1/60th of the total number of shares subject to the option in equal monthly installments.

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### Remarks:

Exhibit List  
Exhibit 24 - Power of Attorney

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.