

HILLEMANN JERYL L  
 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 * HILLEMANN JERYL L (Last) (First) (Middle)  C/O AMYRIS, INC., 5885 HOLLIS ST., SUITE 100 (Street)  EMERYVILLE, CA 94608 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/27/2010	3. Issuer Name and Ticker or Trading Symbol AMYRIS, INC. [AMRS]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Financial Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**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	25,445 <sup>(1)</sup>	I	By the Hilleman/Albright Family Trust dated July 24, 1990 <sup>(2)</sup>

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)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (3)(4)	02/26/2018	Common Stock	184,555	\$ 3.93	D	Â
Stock Option (Right to Buy)	Â (3)(5)	03/18/2010	Common Stock	40,000	\$ 14.28	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HILLEMAN JERYL L C/O AMYRIS, INC. 5885 HOLLIS ST., SUITE 100 EMERYVILLE, CA 94608	Â	Â	Â Chief Financial Officer	Â

## Signatures

/s/ Jeryl Hilleman by Tamara Tompkins,  
Attorney-in-Fact

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) 12,299 shares are unvested and subject to a right of repurchase held by the Issuer, which right of repurchase lapses as to 424 shares per month through January 28, 2013.
- (2) Ms. Hilleman is a Trustee of the Hilleman/Albright Family Trust dated July 24, 1990.
- (3) Immediately exercisable.
- (4) The stock option vested as to 1/5th of the total number of shares subject to the option on January 28, 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.
- (5) The stock option vested as to 1/60th of the total number of shares subject to the option on April 10, 2010, 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:

ExhibitÂ List

ExhibitÂ 24Â -Â PowerÂ ofÂ 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.