

INTEGRATED BIOPHARMA INC
 Form 5
 December 04, 2006

FORM 5

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person *
RIVA KAY

(Last) (First) (Middle)

C/O INTEGRATED BIOPHARMA, INC., 225 LONG AVENUE

(Street)

HILLSIDE, NJ 07205

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
INTEGRATED BIOPHARMA INC [INB]

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
06/30/2007

4. If Amendment, Date Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
 Vice President

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or (D) Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
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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	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Security
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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/Year)		(Instr. 3 and 4)		Title	Am Num Sha	
				Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(A) (D)	Date Exercisable	Expiration Date			
Employee Stock Options (Right to Buy)	\$ 1.5	10/07/1998	Â	A4	66,666	Â	10/07/1999	10/07/2008	Common Stock	66
Employee Stock Options (Right to Buy)	\$ 0.5	12/01/1999	Â	A4	150,000	Â	12/01/2000	12/01/2009	Common Stock	150
Employee Stock Options (Right to Buy)	\$ 0.75	12/19/2000	Â	A4	100,000	Â	12/19/2001	12/19/2010	Common Stock	100
Employee Stock Options (Right to Buy)	\$ 0.33	10/11/2002	Â	A4	100,000	Â	10/11/2003	10/11/2012	Common Stock	100
Employee Stock Options (Right to Buy)	\$ 9.9	12/04/2003	Â	A4	100,000	Â	12/04/2004	10/04/2013	Common Stock	100
Employee Stock Options (Right to Buy)	\$ 6.3	09/21/2004	Â	A4	100,000	Â	09/21/2005	09/21/2014	Common Stock	100

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
RIVA KAY C/O INTEGRATED BIOPHARMA, INC. 225 LONG AVENUE HILLSIDE, NJ 07205	Â X	Â	Â Vice President	Â

Signatures

/s/Riva Kay
Sheppard

11/30/2006

__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) Granted to the Reporting Person in connection with the Reporting Person's service as a Vice President and a director of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.