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

| OMB APPROVAL | | | | | | |
|--------------------------|--------|-----|--|--|--|--|
| OMB Number: | 3235-0 | 287 | | | | |
| Estimated average burden | | | | | | |
| ours per response | е | 0.5 | | | | |

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | |
|--|-------------|---|--------------------------------------|---|-----|--|-----------------|--|-----------------------------------|---|--|--|--|---|-----|--|
| 1. Name and Address of Reporting Person * RICE YEHUDA MICHAEL | | | | 2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | w) |
| (Last) (First) (Middle) 5600 BLAZER PARKWAY, SUITE 200 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2016 | | | | | | | | | | | | |
| (Street) | | | | 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 | | | | | | |
| DUBLIN, OH 43017 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed 3. Tr Execution Date, if Code | | ransaction de str. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficia | unt of Securities ially Owned Following d Transaction(s) | | Ownership Form: Direct (D) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | (| Code | V | Amoun | (A) or (D) | Price | | | | (I) (Instr. | 4) | |
| Common | Stock | | 06/14/2016 | | | A | | 28,000 (1) |) A | \$ 0 | 28,000 | | | D | | |
| indirectly. | | | | erivative Securit | | t equired | conta the fo | ined ir orm dis posed o | this for plays a of, or Ben | rm ar curre | e not req ently valid | ection of in uired to re d OMB cor | spond un | less | SEC | 1474 (9- 02) |
| 1. Title of | 2 | 3. Transaction | | g., puts, calls, wa | | | | | | | itle and | & Price of | 9. Number | of 10. | | 11. Nature |
| Derivative Security | Conversion | exercise (Month/Day/\(^1\) te of ivative | Date Execution Date (Month/Day/Year) | ate, if Transaction Code I Year) (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Ame Und Seco | ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Ow For Der Sec Dir or I | | p of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code V | (A) | (D) | Date Exerc | cisable l | Expiration Date | n Title | Amount or e Number of Shares | | | | | |
| Renor | ting () | wners | | | | | | | | | | | | | | |

| Donation Ones Name (Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| RICE YEHUDA MICHAEL 5600 BLAZER PARKWAY, SUITE 200 DUBLIN, OH 43017 | X | | | | | | |

Signatures

| /s/ Kevin W. Waite | 07/07/2016 |
|-------------------------------|------------|
| 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) Restricted Shares granted pursuant to the Issuer's 2014 Amended and Restated Stock Incentive Plan which vest on the one year anniversary of the date of grant.

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.