FORM 4

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

OMB APPROVAL						
MB Number:	3235-0287					
stimated average burden						
ours per response	e 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

1. Name and Address of Reporting Person * Tulip Thomas H.				2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) EVP & Chief Business officer				
(Last) (First) (Middle) 425 METRO PLACE NORTH, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 12/09/2011							EVP & Cl	nief Business	officer		
(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)															
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed 3 Execution Date, if C		3. Trans			quired of (D) Owned Follow		of Securities Beneficially owing Reported		6. Ownership	7. Nature of Indirect Beneficial			
				(Month/D	oay/Year)	Code	. V A	mount	(A) or (D)	(In	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
	Common Stock 12/09/2011				A	2	0,000	A	\$ 0 20	,000			D		
		separate line for eac	th class of securities	beneficiall	y owned o	lirectly o	Person	s who			collection t required		ation d unless th		1474 (9-02)
		separate line for eac	Table II - 1	Derivative	Securitie	s Acqui	Person contair form di	s who led in the splays	his fori a curre or Bene	m are not ently vali	t required d OMB co	to respon	d unless th		1474 (9-02)
Reminder:	Report on a 2. Conversion	3. Transaction	Table II - (3A. Deemed Execution Date, if	Derivative (e.g., puts, 4. Transactio Code	Securitie	s Acquirrants, o ber of cive lies (ed (A) osed	Person contair form di	s who led in to splays sed of, onvertible ercisable Date	his form a curre or Bene le securi e and	m are not ently vali eficially O ities)	t required d OMB co wned ad Amount ying	to respon ntrol num	d unless th	of 10. Owners Form of Derivati Security Direct (or Indir	11. Natu hip of Indire Benefici Ownersl v: (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 1 3A. Deemed Execution Date, if	Derivative (e.g., puts, 4. Transactio Code (Instr. 8)	Securitie calls, war 5. Num n Derivat Securit Acquir or Disp of (D) (Instr. 1	s Acquirants, o ber of clive lies (ed (A) oosed 3, 4,	Person contair form di red, Dispondions, co 6. Date Ex Expiration	s who need in the splays ased of, an errible errisable Date any/Year)	his form a curre or Bene le secur e and	m are not ently validation of Underly Securities	t required d OMB co wned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indir	11. Nature of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Tulip Thomas H. 425 METRO PLACE NORTH SUITE 300 DUBLIN, OH 43017				EVP & Chief Business officer		

Signatures

William J. Kelly, Jr., Attorney-In-Fact	02/22/2012
**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) Option vests 25% per year beginning on the first 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.