## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response	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

Name and Address of Reporting Person –  Reininger Cornelia				NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  SVP & Chief Medical Officer				
(Last) (First) (Middle) 425 METRO PLACE NORTH, SUITE 450			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2013								SVF & CI	ilei Medicai (	Jincei			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	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)										ired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if		d 3. Date, if Co	Tran	8) (I	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D)		ed 5. Amount of Se		ecurities Beneficially		Ownership of Bornect (D)	Nature Indirect eneficial wnership nstr. 4)		
Reminder: F	Report on a	separate line for eac	Table II -	Derivati	ve S	ecurities A	Acqu	Person contair form di	s who res	form urren Benefie	are not ntly valid cially Ow	required d OMB co	to respon	d unless th		74 (9-02)
Security (Instr. 3)	Conversion	ise (Month/Day/Year) ve	3A. Deemed Execution Date, if any (Month/Day/Year)	Code				Expiration Date (Month/Day/Year)		o: S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A)	(D)	Date Exercisabl	Expiration Date	т	itle `	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 3.08	02/15/2013		A		120,000		(1)	02/15/20	023	Common Stock	120,000	\$ 0	120,000	D	
Repor	ting O	wners														

D ( 0 N / / )	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Reininger Cornelia 425 METRO PLACE NORTH SUITE 450 DUBLIN, OH 43017			SVP & Chief Medical Officer				

## **Signatures**

William J. Kelly, Jr., Attorney-In-Fact	02/19/2013
**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.