# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden nours per response 0.5					
ours per response					

Check this box if no 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 * Troup Gordon A				2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]						_X_ Direct	(Che					
(Last) (First) (Middle) 425 METRO PLACE NORTH, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 02/13/2014												
(Street) DUBLIN, OH 43017				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						
(City	)	(State)	(Zip)		Tabl	le I - No	n-Deri	vative Se	curities	Acqui	uired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		on 4. Securities Acqu (A) or Disposed or (D) (Instr. 3, 4 and 5)		of	Beneficia	lly Owned I Transaction	ly Owned Following Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	Amoun	(A) or (D)	Price	Price			or Indirect (I) (Instr. 4)	(1115411 1)	
Common	Stock		02/13/2014			A		20,000	A	\$ 0	166,250			D		
indirectly.				erivative Seci			cont the f	ained ir orm dis sposed o	this for plays a f, or Ben	rm ar curre eficia	e not required in the second i	uired to re d OMB cor	formation espond unl ntrol numb	ess	EC 1474 (9- 02)	
1. Title of	2	3. Transactio	`	4.							itle and	8 Price of	9. Number o	of 10.	11. Natu	
	Conversion		Year) Execution Da		tion C I I S I I I I I I I I I I I I I I I I	of	and Expiration Date (Month/Day/Year)  ies ed (In 4)  and Expiration Date (Wonth/Day/Year)  So (In 4)		Am Und Sec	ount of derlying urities tr. 3 and		e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	of Indire Benefici Ownersl (Instr. 4)		
				Code	V	(A) (D	Date Exer	e I	Expiration Date	n Title	Amount or e Number of Shares					

### **Reporting Owners**

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Troup Gordon A 425 METRO PLACE NORTH SUITE 450 DUBLIN, OH 43017	X						

### **Signatures**

William J. Kelly, Jr., Attorney-In-Fact	02/17/2014		
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).

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.