Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
nours per response	0.5

longer subject to Section 16. Form 4 or Form 5 obligations $\ \, \text{may continue.} \, \textit{See}$ Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 Type Responses) 1. Name and Address of Reporting Person *- Regan William J.			2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) SVP, Chief Compliance Officer)			
5600 BLA		RKWAY, SUITE	200	3. Date of Earliest Transaction (Month/Day/Year) 02/25/2016						SVP, Chief	Compliance	Officer			
(Street) DUBLIN, OH 43017-7550			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				ie)		
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acquired	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution any			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s)		ed	Ownership Form:	Beneficial	
				(Month	/Day/Yea		ode	V Am	(A) or (D)	(Ins	(Instr. 3 and 4)		Ownership Instr. 4)		
		la m	(e.g., put	s, calls, v	arran	quired,	ontaine rm dis Dispose ns, conv	d in this for plays a curr ed of, or Bene vertible secur	m are not ently valid eficially Ov ities)	required d OMB co	ntrol num	nd unless ti		l., x
		I	(e.g., put	s, calls, v	arran	quired,	ontaine rm dis Dispose ns, conv	d in this for plays a curr ed of, or Bene vertible secur	m are not ently valid eficially Ov ities)	required d OMB co	to respon ntrol num	nd unless ti		
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	s, calls, v 5. N tion of Der Sec Acc (A)	umber ivative urities uired or	quired, ts, option 6. Dat Expira (Mont	ontaine rm dis Dispose ns, conv	ed in this for plays a curre ed of, or Bene vertible secur cisable and ate	m are not ently valid eficially Ov	t required d OMB co wned and of ng s	to respondentrol num	9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownersh Form of Derivativ Security: Direct (D	(Instr. 4
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, v 5. N stion of Der Sec Acc (A) Dis (D)	fumber ivative arities uired or posed of tr. 3, 4,	quired, is, option 6. Date Expired (Monte	ntaine rm dispose ns, conv te Exercation Da	ed in this for plays a curre ed of, or Bene vertible secur cisable and ate	eficially Ovities) 7. Title ar Amount of Underlying Securities	required d OMB co wned and of of ang s and 4)	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	of 10. Ownersh Form of Derivativ Security: Direct (Cor Indirec	of Indire Benefic Owners (Instr. 4
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, v tition of Der See Acc (A) Dis (Ins and	fumber ivative arities uired or posed of tr. 3, 4,	quired, is, option 6. Date Exerc	ntaine rm dispose ns, conv te Exercation Da	ed in this for plays a curre ed of, or Bene vertible secur cisable and ate	eficially Ovities) 7. Title ar Amount of Underlying Securities	t required d OMB co wned and of ng s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirect (s) (I)	of Indire Benefic Owners (Instr. 4

Reporting Owner Name / Address	Relationships					
Reporting Owner Tvame / Address	Director	10% Owner	Officer	Other		
Regan William J. 5600 BLAZER PARKWAY, SUITE 200 DUBLIN, OH 43017-7550			SVP, Chief Compliance Officer			

Signatures

/s/William J. Kelly	02/29/2016
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) Granted in lieu of cash bonus under 2015 bonus plan.

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.