

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

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* <u>KANZER STEVE H</u> (Last) (First) (Middle) <u>C/O PHARMAINVESTORS LLC</u> <u>9045 LA FONTANA BLVD., STE. 238</u> (Street) <u>BOCA RATON FL 33434</u> (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>Synthetic Biologics, Inc. [SYN]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>Prior Director</u> |
| | 3. Date of Earliest Transaction (Month/Day/Year) <u>04/28/2014</u> | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|-----------------------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | | | | | | | | 375,246 | D | |
| Common Stock | 04/28/2014 | 04/28/2014 | S | | 175,177 | D | \$2.86 ⁽¹⁾ | 6,911,203 | I ⁽²⁾ | Accredited Venture Capital LLC |
| Common Stock | 04/29/2014 | 04/29/2014 | S | | 87,935 | D | \$2.98 ⁽¹⁾ | 6,823,268 | I ⁽²⁾ | Accredited Venture Capital LLC |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|--|-----------------|---|----------------------------|--|--|---|--|
| | | | | Code | V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Options | \$2.01 | | | | | | 10/31/2006 | 05/27/2014 | Common | 271,058 | | 271,058 | D | |
| Stock Options | \$0.74 | | | | | | 12/01/2010 | 05/27/2014 | Common | 8,333 | | 8,333 | D | |
| Stock Options | \$1.5 | | | | | | 01/05/2011 | 05/27/2014 | Common | 25,000 | | 25,000 | D | |

Explanation of Responses:

1. Represents weighted average price per share for the total number of shares sold on such day.
 2. Mr. Kanzer is the managing member of Pharmainvestors LLC, the managing member of Accredited Venture Capital LLC.

/s/ Steve H. Kanzer 04/30/2014

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

