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

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* KANZER STEVE H					2. Issuer Name and Ticker or Trading Symbol Synthetic Biologics, Inc. [SYN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/30/2014									Officer (give title below) X Other (s					
C/O PHARMAINVESTORS, LLC														Prior Director					
9045 LA FONTANA BLVD, SUITE 238				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOCA RATON FL 33434				(Month Dayr real)									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)														. 5.55					
		Tabl	e I - Non-Deriv	ative S	ecu	rities	Acq	uire	ed, D	isposed (of, or	Ben	eficial	ly Owne	d				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Yea								cquired (A) or O) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
						Code	e	V	Amount	(A) (D)	r Pri	ice	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Commo	n Stock	04/30/2014			S			5,003,025	D	D \$1.43		2,195,489 ⁽²⁾		J ⁽²	(2)(3) V		redited ture ital,		
		Ta	able II - Derivat (e.g., pu				•			sposed of , converti			_	Owned					
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)	Transaction N Code (Instr. of 8) S S (4/4) D Of (III)		of Deriv Secur Acqu (A) or Dispo of (D) (Instr	5. Number of Derivative Securities Acquired A) or Disposed		oiration	kercisable and n Date Day/Year)	sable and 7. Title and te Amount of		of s ng e	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	(A)	(D)	Dat Exe	te ercisab	Expiration le Date	n Titl	or Nu of	nount imber ares						

Explanation of Responses:

- 1. Represents weighted average price per share for the toal number of shares sold. These shares were sold in multiple transactions at prices ranging from \$2.01 to \$1.25, inclusive. The Reporting Person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 2. Of these shares beneficially owned, 375,246 shares are owned directly by Mr. Kanzer and 1,820,243 shares are held indirectly in the name of Accredited Venture Capital, LLC.
- 3. Mr. Kanzer is the managing member of Pharmainvestors, LLC, the managing member of Accredited Venture Capital, LLC.

/s/ Steve H. Kanzer 05/02/2014

** Signature of Reporting Person Date

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

- \star 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.