FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per 0.5 response:

INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person*	2. Date of Requiring	s nt nay/Year)	3. Issuer Name and Ticker or Trading Symbol Synthetic Biologics, Inc. [SYN]				
SHALLCROSS STEVEN A (Last) (First) (Middle)	(Month/E - 06/01/2		4. Relationship of Repolessuer (Check all applicable) Director		Owner	Filed (Month/Day/Year) 6. Individual or Joint/Group Filing	
C/O SYNTHETIC BIOLOGICS, INC., 155 GIBBS STREET, SUITE 412	_		X Officer (give title below) CHIEF FINANCI	Other (specify below)		(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(Street)							
ROCKVILLE MD 20850							
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Own Form: (D) or Indired (Instr.	Direct (C	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
Title of Derivative Security (Instr. 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion	se Form:	6. Nature of Indirect Beneficial
	Date	Expiration	Title	Amount or Number of	Price of Derivativ Security	Direct (D) e or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Evaluation of Decomposes	xercisable	Date	Title	Shares			

Explanation of Responses:

No securities are beneficially owned.

/s/ Steven A. **Shallcross**

06/01/2015

** Signature of Reporting

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 5 (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.