

NovaBay Pharmaceuticals, Inc.  
 Form 3  
 December 24, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Hoon Russell A.</p> <p>(Last) (First) (Middle)</p> <p>C/O NOVABAY                  PHARMACEUTICALS,                  INC.,Â 5980 HORTON                  STREET, SUITE 550</p> <p>(Street)</p> <p>EMERYVILLE,Â CAÂ 94608</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>12/15/2014</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>NovaBay Pharmaceuticals, Inc. [NBY]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  Senior Vice President</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Restricted Stock Unit	29,702	D	Â

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Option (right to buy)	09/20/2014	09/20/2021	Common Stock	40,000	\$ 1.01	D	Â
Stock Option (right to buy)	02/17/2012	02/17/2022	Common Stock	4,014	\$ 1.44	D	Â
Stock Option (right to buy)	09/26/2012	09/26/2022	Common Stock	20,000	\$ 1.22	D	Â
Stock Option (right to buy)	01/10/2014 <sup>(1)</sup>	01/10/2023	Common Stock	20,000	\$ 1.13	D	Â
Stock Option (right to buy)	09/26/2014 <sup>(1)</sup>	09/26/2023	Common Stock	50,000	\$ 1.71	D	Â
Stock Option (right to buy)	09/26/2015 <sup>(1)</sup>	09/26/2024	Common Stock	50,000	\$ 0.75	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hoon Russell A. C/O NOVABAY PHARMACEUTICALS, INC. 5980 HORTON STREET, SUITE 550 EMERYVILLE, CA 94608	Â	Â	Â Senior Vice President	Â

## Signatures

/s/ Justin Hall as attorney in fact for Russel Hoon  
12/24/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

(1) 25% vests on the anniversary of the grant date. Remaining shares vest quarterly over the next three years.

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.