FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Tigitori, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
Estimated average burd	en
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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						JI 3601	.1011 30(11) 1	or tire	riivesiiieii	t COI	ilpaily Act	01 1940								_		
1. Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol DISCOVERY LABORATORIES INC /DE/ [									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CAPETOLA ROBERT J						DSCO ]									Director		10% Owner			ı		
(Last) (First) (Middle)															X Officer (give title below)			Other (specify below)		ı		
2600 KELLY ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2008									President/CEO							
				,,																		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
WARRINGTON PA 18976											Form fil	ed by One	ed by One Reporting Person									
(City) (State) (Zip)												Form filed by More than One Reporting Person										
		Ta	ble I - Nor	-Deriv	/ativ	/e Se	curities	ε Δ α	nuired	Die	nnsed o	of or B	enef	icially	Owned					1		
1 Title of	Coourity (Inc		ibie i - Noi	2. Trans		_	2A. Deem		3.	וכום					5. Amoun	t of	6 0	nership	7. Nature of	+		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							Execution Date, if any (Month/Day/Year)		, Transaction Disp Code (Instr.			curities Acquired (A) osed Of (D) (Instr. 3, 4			Securities Beneficial Owned Fo	lly	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership			
									Code	v	Amount	Amount (A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
			Table II -	Deriva	tive	Sec	urities	Aca	uired. D	ispo	sed of.	or Be	nefic	ially (	Owned					_		
									s, option													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y		ransa ode (I	ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e Over Section Ove	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nur	ount nber Shares		Transacti (Instr. 4)	on(s)					
Incentive Stock Option (right to buy)	\$1.93	12/12/2008			A		82,645		(1)	1	2/12/2018	Commo Stock	n 82	,645	\$0	82,64	15	D				
Non- Qualified Stock Option (right to buy)	\$1.21	12/12/2008			A		250,000		(1)	1	2/12/2018	Commo Stock	<sup>n</sup> 25	0,000	\$0	250,00	00	D				
Non- Qualified Stock Option (right to	\$1.93	12/12/2008			A		417,355		(1)	1	2/12/2018	Commo Stock	n 41'	7,355	\$0	417,35	55	D				

## **Explanation of Responses:**

1. This employee stock option shall vest in a series of three successive equal annual installments beginning with the first year anniversary of the grant.

Robert J. Capetola, Ph.D.

12/16/2008

\*\* Signature of Reporting Person

Date

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

- \* 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.