## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  LOPEZ DAVID L						2. Issuer Name and Ticker or Trading Symbol DISCOVERY LABORATORIES INC /DE/ [ DSCO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne  V Officer (give title Other (spec				/ner		
(Last) (First) (Middle) DISCOVERY LABORATORIES, INC. 2600 KELLY ROAD, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2006								X	below) Execu	itive VP &		below)`	el	
(Street) WARRINGTON PA 18976-3646						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D						,	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			or 5. Amou Securiti Benefici Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	r Price		Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock <sup>(1)</sup> 07/21.						2005			A	V	271	A	\$6.4	66.461 10		,920	D			
Common Stock <sup>(1)</sup> 10/21						)5			A	V	271	A	\$6.	45	11,191		D			
Common Stock <sup>(2)</sup> 01/03/						)6					9,000	9,000 A		)	20,191			D		
		-	Table II -						uired, D s, option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	n Date	!	of Securities		D	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	r						
Incentive Stock Option (right to buy) <sup>(3)</sup>	\$7.01	01/03/2006			A		49,842		01/03/200	)6 Q	1/03/2016	Commor Stock	49,84	2 \$0	\$0	49,842	2	D		
Non- Qualified Stock Option (right to	\$7.01	01/03/2006			A		158		01/03/200	06 0	01/03/2016	Commor Stock	158		\$0	158		D		

## **Explanation of Responses:**

- 1. Transaction reported on Table I represents Issuer's matching stock contribution pursuant to 401(k) plan.
- 2. New restricted stock award shall fully vest on the date that Surfaxin for RDS first becomes widely commercially available, as such date is determined by the Company.
- 3. This employee stock option shall vest 25% on the date of the grant, and the balance shall vest in a series of three successive equal annual installments beginning with the first year anniversary of the grant.

01/05/2006 David L. Lopez, Esquire

\*\* 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.