FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

hours per response:

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Magee Michael L					2. Issuer Name and Ticker or Trading Symbol DISCOVERY LABORATORIES INC /DE/								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Magee Michael L</u>					[ DSCO ]						_	Director			10% Ow			
(Last)	(F	First)	(Middle)			, ,							Officer below)	(give title		Other (sp below)	pecify	
2600 KELLY RD					3. Date of Earliest Transaction (Month/Day/Year)							VP, Quality Operations						
					05/04/2012													
STE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					, J J ( 1							- 1 '	Line)					
WARRINGTON PA 18976												X Form filed by One Reporting Person						
											Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)															
		Tal	ole I - Non-	-Derivat	ive S	ecuritie	s Ac	quired, D	Disp	osed o	f, or Ber	neficially	y Owned					
1. Title of Security (Instr. 3) 2. Transac					ion	2A. Deem		3.	4. Securities Acquired (A)				5. Amoui		6. Own		7. Nature of	
			Date (Month/Day/Year)		Execution Date, if any		e, Transaction Code (Instr				tr. 3, 4 and	Securitie Beneficia				Indirect Beneficial		
			(	(Month/Day/Year)					•			Owned F	ollowing	(I) (Inst	nstr. 4)	Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ction(s)		"			
Common Stock												5,3	3,364 <sup>(1)</sup>		I E	By Trust		
					ive Securities Acquired, Disposed of, or Benefic						, ,							
													Owned					
						uts, calls, warrants, options, convertible securit						l	9. Number of 10.					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Cod	saction e (Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
							H					Amount						
							H					Number						
				Cod	e v	(A)	(D)	Date Exercisable		Expiration Date	Title	of Shares						
Incentive Stock	¢2.71	05/04/2012				25,000		05/04/2013(2	, ,	DE/04/2022	Common	25,000	40	25,000		D		
Option (Right to Buy)	\$2.71	05/04/2012		A		25,000		05/04/2013 <sup>(2</sup>	<u> </u>	05/04/2022	Stock	25,000	\$0	25,000		D		

## **Explanation of Responses:**

- $1. \ Transaction \ reported \ on \ Table \ I \ represents \ Issuer's \ matching \ stock \ contribution \ pursuant \ to \ 401(k) \ plan.$
- 2. This employee stock option shall vest in a series of three successive equal annual installments beginning with the first year anniversary of the grant.

## Remarks:

Michael L. Magee

05/08/2012

\*\* 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.