FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

December 31. 2014

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## Expires: Estimated average burden 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

													1.000				
1. Name and Address of Reporting Person* <u>DAVIS CYNTHIA</u>					2. Issuer Name and Ticker or Trading Symbol DISCOVERY LABORATORIES INC /DE/							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					[ DSCO ]					_	Directo	•	10% Owr		· I		
(Last)	(F	irst)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/13/2002								X below)	(give title	ontro	Other (specify below)		
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(City)	(S	tate)	(Zip)									X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	le I - Non-D	erivativ	e Se	curities	s Ac	quired, Di	sposed	of, or Be	neficiall	y Owned					
Date				Transactio te onth/Day/Y	Execution Date,			Code (Instr.   5)				Beneficia Owned F	ally Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amount	(A) oi (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
		-	Fable II - De (e.					uired, Dis s, options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Ye:	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (Right to	2.75	12/13/2002		A		30,000		07/15/2003	12/13/2012	Common Stock	30,000	<b>\$</b> 0	30,000	0	D		

## **Explanation of Responses:**

1. All such options shall vest in their entirety upon the fourth anniversary of the date of grant or at such earlier time, if ever, upon the receipt by the Company of a New Drug Application (NDA) approval by the United States Food and Drug Administration for Surfaxin for either Respiratory Distress Syndrome in premature infants, Meconium Aspiration Syndrome in full-term infants, or Acute Respiratory Distress Syndrome in adults.

/s/ Cynthia Davis

07/16/2003 Date

\*\* Signature of Reporting Person

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.