FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*  Hill Richard James  2. Date of Event Requiring Statement (Month/Day/Year)  11/08/2012				nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol Biota Pharmaceuticals, Inc. [ BOTA ]							
(Last) 12270 WILKI (Street) ROCKVILLE		(Middle)				tionship of Reporting Perso all applicable) Director Officer (give title below)	on(s) to Issue 10% Own Other (spe below)	er	(Mon	hth/Day/Year) dividual or Joint cable Line) Form filed b	ate of Original Filed  /Group Filing (Check  y One Reporting Person  y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,250	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Title of Derivative Security (Instr. 4)     Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convo		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price Deriva	ative	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Remarks:

<u>/s/ Richard Hill</u> <u>11/19/2012</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).