SEC Form 3

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

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1. Name and Address of Reporting Person* <u>Third Point LLC</u>		R (1	2. Date of Event Requiring Statement (Month/Day/Year) 10/18/2006			3. Issuer Name and Ticker or Trading Symbol <u>NABI BIOPHARMACEUTICALS</u> [ NABI ]						
(Last) (Firs 390 PARK AVENU	(First) (Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)					
						Officer (give title X below)	Other (spe below)	ecity		dividual or Joint icable Line)	/Group Filing (Check	
(Street) NEW YORK NY					See Remarks Below				Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(City) (Sta	tte) (Zip)											
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						Amount of Securities neficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	Common Stock					5,750,000 I			See footnote <sup>(1)</sup>			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)			3. Title and Amount of Securi Underlying Derivative Securit	ities 4.				6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			(montable)	Γ	,		Amount or Number	Price Deriva Securi	of ative	Direct (D) or Indirect (I) (Instr. 5)	(mouro)	
			Date Exercisable		Expiration Date	Title	of Shares					
1. Name and Address of Reporting Person <sup>*</sup> Third Point LLC												
(Last) (First) (Middle) 390 PARK AVENUE												
(Street) NEW YORK												
(City)	(State)	(Zip)										
1. Name and Address Third Point Off	of Reporting Person <sup>*</sup> F <u>shore Fund, Ltd.</u>											
(Last)	(First)	(Middle)										
C/O JAROD BENSON, W.S. WALKER & COMPAWAL												
WALKER HOUSE, PO BOX 265GT, MARY STREET												
(Street) GEORGE TOWN	E9	00000										
(City)	(State)	(Zip)										
1. Name and Address of Reporting Person <sup>*</sup> <u>Loeb Daniel S</u>												
(Last)(First)(Middle)THIRD POINT MANAGEMENT COMPANY L.L.C.360 MADISON AVENUE, 24TH FLOOR												
(Street) NEW YORK	NY	10017										
(City)	(State)	(Zip)										

## Explanation of Responses:

1. The securities disclosed in this Form 3 may be deemed, by reason of the provisions of Rule 16a-1 under the Securities Exchange Act of 1934, as amended, to be beneficially owned by Jason Aryeh through his relationship with JALAA Equities, LP, JLV Investments, LP, the Jason Aryeh Trust, the Jason Aryeh 2003 Family Trust, the Jason Aryeh IRA, and Ann Schroeder (collectively, the "Aryeh Entities"). Mr. Aryeh disclaims beneficial ownership of all such securities, except to the extent of any indirect pecuniary interest he may have therein.

## **Remarks:**

May be deemed to be a member of a Section 13(d) "group" owning more than 10% of the issuer's common stock; disclaims beneficial ownership for purposes of Section 13(d) of the Securities Exchange Act of 1934 of shares of such common stock except to the extent reported herein.

<u>/s/ Daniel S. Loeb, Chief</u> Executive Officer

10/30/2006

\*\* 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 5 (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.