UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL
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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 OF SECURITIES

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* Lalonde James (Last) (First) (Middle) C/O CODEXIS, INC., 200 PENOBSCOT DRIVE (Street) REDWOOD CITY, CA 94063				2. Issuer Name and Ticker or Trading Symbol CODEXIS INC [CDXS]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) SVP, R&D 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by More than One Reporting Person Form filed by More than One Reporting Person					
				Date of Earliest Transaction (Month/Day/Year) 07/01/2014 If Amendment, Date Original Filed(Month/Day/Year)												w)
																e)
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqui							s Acquire	lired, Disposed of, or Beneficially Owned				
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)			ate, if	(Instr. 8	(.	A) or Disposed of (D) Instr. 3, 4 and 5)		f (D) C	5. Amount of Securities Benefici Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Ye		y ear)	Code	V	Amount (A) or (D)		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Common Stock 07/01/2014		07/01/2014				M	2	7,350 A) A	\$ 0.68	162,573		Г)	
			Table II -	Derivati	·			in this	s who res form are s a curre	not re ently v	equired to valid OM	collection of to respond IB control n	unless the		ned SEC	1474 (9-02
					<u> </u>	viica c	ancetry of	Person in this	s who res	not re	equired	to respond	unless the		ned SEC	1474 (9-02)
Derivative Security	Conversion or Exercise		3A. Deemed Execution Date, if any	4. Transac Code	ive Sets, ca	ecuriti Ils, wa 5. Nur of Der Securi	ies Acqui arrants, o mber 6 rivative F ities (Person in this idisplay	s who restorm are s a curre osed of, or nvertible ercisable ar Date	not reently versions. Beneficially securions.	equired to valid OM ficially Oties) 7. Title a of Under Securities	owned Amount rlying es	8. Price of Derivative Security	9. Number Derivative Securities	of 10. Ownersl Form of	11. Nat ip of Indii Benefic
1. Title of Derivative Security (Instr. 3)	Conversion	Date	3A. Deemed Execution Date, if	4. Transac Code	ive Setts, ca	ecuriti Ils, wa 5. Nur of Der Securi Acqui	ies Acqui arrants, c mber (rivative I iities (ired (A) sposed	Person in this idisplay display displa	s who restorm are s a curre osed of, or nvertible ercisable ar Date	not reently versions. Beneficially securions.	equired to valid OM ficially Oties) 7. Title a of Under	to respond IB control n Owned and Amount rlying es and 4)	8. Price of Derivative	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nat of India Benefic Owners (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ive Setts, ca	ecuriti Ills, wa 5. Nur of Der Securi Acqui or Dis of (D) (Instr.	ies Acqui arrants, c mber d rivative H ities ((apposed (b) 3, 4, b)	Person in this idisplay display displa	s who restorm are s a curre sed of, or nvertible recisable an Date y/Year)	Benerated and	equired to valid OM ficially Oties) 7. Title a of Under Securities	owned Amount rlying es	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nat of Indit Benefit Owner (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lalonde James C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063			SVP, R&D			

Signatures

/s/ Doug Sheehy, Attorney-in-Fact for James Lalonde	07/02/2014
**Signature of Reporting Person	Date

Explanation of Responses:

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)
- (1) The option is fully vested and exercisable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.