FORM	4
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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).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Print or Type Responses)												
1. Name and Address Shell Brazil Hold	2. Issuer Name and Ticker or Trading Symbol CODEXIS INC [CDXS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
P.O. BOX 162	(First)	(Middle)	3. Date of Earlies 05/31/2011	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2011					Officer (give title below)	Other (specify b	pelow)	
THE HAGUE, P	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Т	Table I - Non-Derivative Securities Acquired, Disposed of, or Benefi						ially Owned		
1.Title of Security (Instr. 3)			-	Code (Instr. 8)	Action 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Indir Form: Benefic	Beneficial		
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownershij (Instr. 4)	
Common Stock		05/31/2011		J <u>(1)</u>		5,573,319	D	(1)	5,573,319	D		

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned aalla

(e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of			3A. Deemed	4.	5.			6. Date Exer					9. Number of		11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction	n Ni	umbe	r	and Expiration	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	of	•		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	erivat	ive	· · · ·		Securities		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				Se	curiti	ies			(Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security				A	cquire	ired		4)			Following	Direct (D)				
					(A) or				, i i i i i i i i i i i i i i i i i i i			Reported	or Indirect				
					Disposed		ed					Transaction(s)	(I)				
					of (D)								(Instr. 4)	(Instr. 4)			
					(II	nstr. 3	3,	,									
					4,	and 5)										
											Amount						
								Dete	E		or						
											Expiration	Title	Number				
								Exercisable	Date		of						
				Code V	(A	A) (D)				Shares						

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Shell Brazil Holding B.V. P.O. BOX 162 THE HAGUE, P7 2501 AN		Х						

Signatures

/s/ Stephen Rees, for Shell Brazil Holding B.V. as its Director	05/31/201
**	Data

Signature of Reporting Person

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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).

Disposition of Codexis Common Stock was effected via a transfer of such Common Stock from Shell Brazil Holding B.V., an indirect wholly owned subsidiary of Royal
(1) Dutch Shell plc ("RDS"), to Ispagnac Participacoes Ltda., an indirect wholly owned subsidiary of Royal Dutch Shell plc in exchange for capital stock of Ispagnac Participacoes Ltda. RDS's beneficial ownership of the Codexis Common Stock was not affected by the transfer.

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.