FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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

(Print or Type Responses) 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 10% Owner						
				3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014					Director 10% Owner X Officer (give title below) Other (specify below) SVP, R&D					
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City		(State)					ficially Own	ed .						
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, /Day/Yea	f Code (Inst	e (4 r. 8) (1	Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or mount (D)	s Acquired osed of (D) and 5) S. Amount of Se Owned Followin Transaction(s) (Instr. 3 and 4)				Ownership of Born: Born: Oirect (D)	Nature Indirect eneficial wnership nstr. 4)
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Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	ss, calls, y 5. N of E Secu	umber erivativarities uired (Aisposed D) r. 3, 4,	in this idisplay quired, Dispets, options, co 6. Date Exe Expiration (Month/Date) Date Exercisable	orm are not resident of the second of the se	equired to valid OM eficially O ities) 7. Title a of Under Securities	to respond B control n wned and Amount clying s	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	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/ Dave Swarthout, Attorney-in-Fact for James Lalonde	02/26/2014
**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) Option vests with respect to 25% of the shares subject thereto on February 24, 2015, with 1/48th of the shares vesting monthly thereafter, such that the option will be fully vested and exercisable on February 24, 2018.

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.