## FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
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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

(Print or Ty															
1. Name and Address of Reporting Person * Aldridge Michael D.  (Last) (First) (Middle)  C/O CODEXIS, INC., 200 PENOBSCOT DRIVE  (Street)			2. Issuer Name and Ticker or Trading Symbol     CODEXIS INC [CDXS]      3. Date of Earliest Transaction (Month/Day/Year)     02/21/2018      4. If Amendment, Date Original Filed(Month/Day/Year)					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
								X	X_ Officer (give title below) Other (specify below) See Remarks						
								_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
REDWO (Cit		, CA 94063 (State)	(Zip)												
		(State)							ative Securitie		•				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			Execution Date, if		te, if C		8) (A	Securities Acquaints (A) or Disposed on the str. 3, 4 and 5)  (A) or mount (D)	of (D) Own Tran	(D) Owned Follow Transaction(s) (Instr. 3 and 4)		d (	Ownership of Borm:	7. Nature of Indirect Geneficial Ownership Instr. 4)	
								in this f	orm are not re	equired to		unless the			74 (9-02)
			Table II -	Derivati	ive Sec	curities	Acqu	in this f		equired to ralid OMB	respond control n	unless the			, . (3 02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion 5 S A	<b>ls, warr</b> 5. Numb	er ative s l (A) sed	in this for displays	orm are not rest a currently vested of, or Bene exertible securicisable and Date	equired to valid OMB ficially Ow	respond control n ned d Amount ing	unless the umber.		f 10.	11. Natur of Indired Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion o S	is, warr 6. Numb of Deriva Securitie Acquired or Dispos of (D) Instr. 3, and 5)	er ntive s l (A) sed 4,	in this f displays nired, Dispo options, con 6. Date Exer Expiration I	orm are not rest a currently vested of, or Bene exertible securicisable and Date	required to valid OMB ficially Ow (ities)  7. Title and of Underly Securities	respond control n ned d Amount ing	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	
Aldridge Michael D. C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063			See Remarks		

## **Signatures**

/s/ Gordon Sangster, as Attorney-in-Fact for Michael D. Aldridge	02/22/2018
-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 21, 2019, with 1/48th of the shares vesting monthly thereafter, such that the option will be fully vested and exercisable on February 21, 2022.

#### Remarks:

Senior Vice President, Corporate & Strategic Development

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.