FORM 4

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

OMB APPROVAL
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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

| Name and Address of Reporting Person * O'Toole David D | | | | 2. Issuer Name and Ticker or Trading Symbol CODEXIS INC [CDXS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director 10% Owner | | | | | | |
|--|---|--|--------------------|--|----------|--------------|--|-----------------------|--------------------------------|---|---|--|---|--|---|--|
| (Last) (First) (Middle) C/O CODEXIS, INC., 200 PENOBSCOT DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/13/2012 | | | | | | X_Office | X Officer (give title below) Other (specify below) SVP & Chief Financial Officer | | | | | |
| (Street) REDWOOD CITY, CA 94063 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form fil | 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) (Zip) | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | (Instr. 8) | | ction | on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | Ownership of Form: | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | (World Bay Tear) | | | ode | V | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common | Stock | | 09/13/2012 | | |] | P | | 2,500 | A | \$ 2.7 | 52,500 | | | D | |
| Common Stock 09/14/2012 | | | |] | P | | 2,500 | A | \$ 2.85 | 55,000 | | | D | | | |
| Reminder: | Report on a s | separate line fo | | Derivative | Securit | ties Ac | quire | Pers cont the f | ons whained in orm dis | no respo n this fo splays a | orm a curr | o the collect re not requ rently valid | uired to res | spond unle | ess | 1474 (9-02) |
| 1. Title of | 2. | 3. Transaction | , | e.g., puts, 4. | calls, w | arrant 5. | s, opt | | conver ate Exer | | | Title and | 8. Price of | 9. Number | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | xercise (Month/Day/Yea e of vative | onth/Day/Year) any | Year) (Instr. 8) | | | ative ities ared seed 3, | and l | Expiration Date onth/Day/Year) | | Ar Ur Se | mount of nderlying curities nstr. 3 and | | Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivate Security Direct (or Indire | hip of Indire Beneficia Ownersh (Instr. 4) |
| | | | | Cod | de V | (A) | | Date Exer | | Expiration Date | On Ti | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|-------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| O'Toole David D C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063 | | | SVP & Chief Financial Officer | | | | | |

Signatures

| /s/ Dave Swar | thout, as Attorney-in-Fact for David O'Toole | 09/14/201 |
|---------------|--|-----------|
| | | |

| **ar an an ar a | Date | |
|--------------------------------|------|--|
| —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).

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.