## FORM 4

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

OMB APPR	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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * Glaub Kathleen Sereda				2. Issuer Name and Ticker or Trading Symbol CODEXIS INC [CDXS]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle) C/O CODEXIS, INC., 200 PENOBSCOT DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/19/2018							-	Office	r (give title belo	ow)	Other (specify	below	)	
(Street) REDWOOD CITY, CA 94063				4. If	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	able I -	- Nor	ı-De	erivative S	Securi	ties A	cquir	red, Dispo	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		h/Day/Year)			Code (Instr. 8)		tion	(A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	of I Bei	Beneficial		
					(Mont	h/Day/Year)	Cod	le	V	Amount	(A) or (D)	Pr	rice	(Instr. 3	or Indire (I)		Direct (D) or Indirect (I) (Instr. 4)		vnership str. 4)
Common	Stock		09/19	9/2018			S(1	)		20,094	D	\$ 17.9 (2)	9352	78,026			D		
Reminder:	Report on a s	separate line	for each	Table II -		ative Securio			Per cor the	rsons wh ntained i form dis	no res n this splays	form s a cu	n are urren	not requ tly valid		formation spond unle trol numbe	ss	C 147	4 (9-02)
		1			(e.g., ]	outs, calls, w	arrant	s, op	tion	s, conver	tible s	ecuri	ties)		1	ı			
Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day/	ate, if	Code	5. Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and	6. Date Exercisable and Expiration Date (Month/Day/Year)  Attive tities red sed 3,		Amor Unde Secur	. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	of tive y: (D) rect	Beneficial Ownershij (Instr. 4)			
						Code V	(A)	(D)	Da <sup>a</sup> Exc	te ercisable	Expira Date	ation	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Glaub Kathleen Sereda C/O CODEXIS, INC. 200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063	X						

#### **Signatures**

/s/ Richard Sabalot, Attorney-in-Fact for Kathleen Sereda Glaub	09/20/2018
**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) Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on June 13, 2018.
  - This transaction was executed in multiple trades in prices ranging from \$17.65 to \$18.20, inclusive. The price reported in Column 4 above reflects the weighted average sale
- (2) price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

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.