FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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* Peoples Oliver P						2. Issuer Name and Ticker or Trading Symbol METABOLIX, INC. [MBLX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
1 COpies Offver 1														Director			10% Ov	1	
(Last) (First) (Middle)													X	Officer (give title below)			Other (s	pecify	
(Last) (First) (Middle) C/O METABOLIX, INC.						3. Date of Earliest Transaction (Month/Day/Year)								20.01.)	Pres 8	& CEO	,		
19 PRESIDENTIAL WAY					10/26/2016														
19 PRESIDENTIAL WAY																			
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
WOBURN MA		01801		,,								X Form filed by One Reporting Person							
														Form filed by More than One Reporting Person				ng Person	
(City) (State) (Z		(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)					action 2A. Deemed Execution Date						ties Acquir d Of (D) (Ins							7. Nature of ndirect	
				Date (Month/Day/Year)		if any (Month/Day/Year)		Code (Instr.		u OT (D) (Ins	str. 3, 4	ana 5)	Securities Beneficiall		(D) or	Indirect	Beneficial		
								ır) 8)	8)		1			Owned Fol Reported	, , ,			Ownership (Instr. 4)	
								Code	v	Amount	(A) ((D)	or P	rice Transactio						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2. 3. Transaction		3A. Deemed	4.		Derivative Securities		6. Date Exercisable and		le and	7. Title and Amou				9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Transaction Code (Instr.				Expiration Date (Month/Day/Year)			Securities Underlying Derivative Security			Derivative Security	derivative Securities		Ownership Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year) 8)		Acquired (A) or Disposed of		(Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security					(D) (Instr. 3, 4 and 5)									Following Reported		(I) (Instr. 4))	
					Т		П					Amoi	ınt or	Transa (Instr.		ction(s)			
				Code	v	(A)	(D)	Date Exercisable		oiration te	Title	Numl Share	er of		,				
Stock							П												
Option (right to	\$0.53	10/26/2016		A		400,000		(1)	10/2	26/2026	Common Stock	400	,000	\$0	400,00	00	D		
buy)											J. J								
Stock																			
Option (right to buy)	\$0.53	10/26/2016		Α		1,250,000		(2)	10/2	26/2026	Common Stock	1,25	0,000	\$0	1,250,0	000	D		

Explanation of Responses:

- 1. This stock option will vest and become exercisable in 4 equal semi-annual installments over a period of 2 years from 10/26/16.
- 2. This stock option will vest and become exercisable in 4 equal semi-annual installments over a period of 2 years from 10/26/16, subject to and contingent upon shareholder approval of the amendments to the Issuer's 2014 Stock Option and Incentive Plan adopted by the Issuer's Board of Directors on 10/26/16.

/s/ Sarah P. Cecil, attorney-in-

10/28/2016

<u>fact</u>

** Signature of Reporting Person

Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.