FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

UNIB APPROVAL								
OMB Number:	3235-0287							
Estimated average bu	rden							
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SHAULSON JOSEPH H				2. Issuer Name and Ticker or Trading Symbol METABOLIX, INC. [MBLX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SHAU.	LSUN J	<u> </u>												X	Director	r		10% Ov	vner
(Last) (First) (Middle) C/O METABOLIX, INC.			L	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2014							X	Officer (below)	(give title		Other (s below)	pecify			
			(President & CEO							
21 ERIE	STREET																		
					. If Am	endme	ent, Date	of Ori	iginal File	ed (M	1onth/Da	ıy/Year)		6. Inc	lividual or J	oint/Group	Filing	(Check App	licable
(Street)								•	0	`		, ,		Line)		·			
CAMBR	IDGE	MA	02139											X		,		rting Persor	
													Form filed by More than One Reporting Person						
(City)		(State)	(Zip)																
		Ta	ble I - Non-	Derivat	ive Se	CIII	ities Ar	nuii	red D	ienc	need o	of or Re	nefi	rially	Owned				
4 Tin	0							·		·					5. Amoun	4 -4	6.00	manahim I :	7. Nature of
Date				Execution Double if any		ution Date	e, Transaction D			Securities Acquired (A) sposed Of (D) (Instr. 3, 4		4 and 5) Securities		s Forn		m: Direct or Indirect Instr. 4)	Indirect Beneficial Ownership		
			(Month/Day			if any (Month/Day/Year)		Code (Instr. ar) 8)				Beneficia Owned F		ollowing (l) (
			Code V					Amount		(A) or (D)		rice	Reported Transacti	ion(s)			(Instr. 4)		
									Joue v		Alliount	(D)	r	iice	(Instr. 3 a	nd 4)			
Common Stock 01/2			01/28/2	3/2014			M		250,000 A		A	\$1. <mark>2</mark>	2 250,000			D			
			Table II - D	erivativ	e Sec	uriti	ies Aca	uire	ed. Dis	nos	sed of	or Ber	efici	ally C)wned				
				e.g., put					•	•				•					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	umber of	6. Da	ate Exerc	cisabl	le and	7. Title a	nd Amo	unt	8. Price of	9. Numbe	r of	10.	11. Nature
Derivative Security	Conversion or Exercise		Execution Dat		Transaction Code (Instr.		Derivative Securities		Expiration Date of Securities (Month/Day/Year) Underlying			Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of Derivative Security (Month/Day/Ye					8) Acquired (A) or Disposed of (D) (Instr.		Derivative Secur (Instr. 3 and 4)						Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
									(msu. 3 and 4)					Following Reported		(I) (Instr. 4)	(111311.4)		
				-	1	3, 4 a	anu 5)			1			I	4	Transa	Transacti			
						(A)							Amo or			(Instr. 4)			
				Code	v		(D)	Date Exer	e rcisable	Date	oiration te	Title	Num of Si	ber nares					
Stock		1																	ĺ
Option (right to	\$1.2	01/28/2014		М			250,000		(1)		(1)	Common Stock	250	,000	\$0	0		D	

Explanation of Responses:

1. Pursuant to the reporting person's employment agreement with the Issuer (the "Employment Agreement"), the reporting person agreed to complete the purchase of 250,000 shares of the Issuer's common stock within 30 days of January 2, 2014 at a price 10% below the closing price of the Issuer's common stock on December 19, 2013.

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

fact

** Signature of Reporting Person

Date

01/29/2014

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.