Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

*					2 Issuar Nama and Ticker or Trading Symbol							[F F	5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person* Kouba Jay				2. Issuer Name and Ticker or Trading Symbol METABOLIX, INC. [MBLX]								(Check all applicable)						
				VIL I		71,	<u></u>	JLA]				X Directo	or		10% Ov	/ner		
-				— <u>L</u>										(give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								below) below)					
C/O METABOLIX, INC.				Ic	07/24/2007							Pres. & CEO						
21 ERIE STREET																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						,					, ,	Line						
CAMBR	IDGE M	ΙA	02139										X Form f	iled by One	e Repo	orting Person	1	
															re than	One Repor	ting	
(City)	(S	tate)	(Zip)										Persor	1				
(Oity)	(0		(EIP)															
		Tab	le I - Non-I	Derivati	ve S	ecuritie	s Ac	quired, D	ispose	ed o	f, or Be	neficiall	y Owned					
		Transacti				3. 4. Securities Acquired (A)						6. Ownership		7. Nature				
Date (Month/l			ate //onth/Day/	Execution Date, Day/Year) if any		Transaction Disposed Code (Instr. 5)		d Of (D) (Instr. 3, 4 and				Form: Direct (D) or Indirect	of Indirect Beneficial					
				(Month/Day/Year)											Ownership (Instr. 4)			
					Code V	Ame	ount	(A) or	Price	Transact	tion(s)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
											(D)	1	(Instr. 3	and 4)				
		-	Table II - De	erivativ	e Sec	urities	Acq	uired, Dis	posed	d of,	or Bene	eficially	Owned					
			(e.	.g., puts	s, cal	ls, warr	ants	, options	, conv	ertik	ole secu	rities)						
1. Title of	2. 3. Transaction		3A. Deemed	4.		5. Number		6. Date Exercisable and		ınd	7. Title and Amou		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Dat		saction (Instr.			Expiration Date (Month/Day/Year)		of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	p of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)					•	Securities Acquired		Derivative Secu (Instr. 3 and 4)			Security	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
				(A) or					iu 4)		Following		(I) (Instr. 4)	(111511.4)				
					Disposed of (D) (Instr.								Reported Transaction(s) (Instr. 4)					
					3, 4 and 5)													
												Amount						
												or Number						
				Code	. V	(A)	(D)	Date Exercisable	Expira Date	tion	Title	of Shares						
Stock				-		+ , ,			-									
Option	\$22.31	07/24/2007		l _A		83,312		(1)	07/24/2	2017	Common	83,312	\$0	83,31	,	D		
(right to buy)	******	07/2 1/2007				00,012					Stock	00,012		55,51	_			
				_	+	+	\vdash											
Stock Option	\$21.25	08/01/2007		A		20.000		(2)	08/01/2	2017	Common	20,000	\$0	20.00	ا ر	D		
(right to	Ψ21,20	00/01/200/		^		20,000			00/01/2	LU1/	Stock	20,000	Ψυ	20,00	۲	<i>D</i>		

Explanation of Responses:

- 1. This option vests in equal increments of 20,828 each on 8/1/07, 11/1/07, 2/1/08, and 5/1/08.
- 2. This option will vest and become exercisable on the date that the reporting person satisfies the terms of his bonus plan, as approved by the Compensation Committee of the Board of Directors.

/s/ Sarah P. Cecil, Attorney-in-09/17/2007 **fact**

Date

** Signature of Reporting Person

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.