## INTREXON CORP Form 3 June 15, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Person *		3. Issuer Name and Ticker or Trading Symbol INTREXON CORP [XON]				
(Middle)	06/11/2015	4. Relationship of Reporting Person(s) to Issuer		·	5. If Amendment, Date Original Filed(Month/Day/Year)	
ADOWS		(Check all applicable)				
		Director10% Owner XOfficerOther (give title below) (specify below)		: ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
GERMANTOWN, MD 20876		SVPConsumer Sector			Person Form filed by More than One Reporting Person	
(Zip)	Table I - N	Non-Deriva	tive Securiti	es Ber	neficially Owned	
			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	1	
arate line for ead	ch class of securities benefici	ially	SEC 1473 (7-02)	)		
mation conta ired to responently valid OM	ined in this form are not nd unless the form displ IB control number.	ays a	s, warrants, opt	ions, co	onvertible securities)	
	(Middle) ADOWS MDÂ 20876 (Zip) arate line for ead y. ons who resp mation conta ired to respon ently valid OM	Requiring Statement (Month/Day/Year) 06/11/2015 ADOWS (Zip) Table I - N 2. Amount o Beneficially (Instr. 4) arate line for each class of securities benefic y. ons who respond to the collection of rmation contained in this form are not ired to respond unless the form displently valid OMB control number.	Requiring Statement (Month/Day/Year)  INTREXC    (Middle)  06/11/2015  4. Relationsl Person(s) to    ADOWS  (Chec    MDÂ 20876	Requiring Statement (Month/Day/Year)  INTREXON CORP [X (Middle)    06/11/2015  4. Relationship of Reporting Person(s) to Issuer    ADOWS  (Check all applicable)    MDÂ 20876	Requiring Statement (Month/Day/Year)  INTREXON CORP [XON]    (Middle)  06/11/2015  4. Relationship of Reporting Person(s) to Issuer    ADOWS  (Check all applicable)    MDÂ 20876	

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date (Month/Day/Year)		Securities Underlying		Conversion	Ownership	Beneficial Ownership
			Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
		Expiration Date	Title	Amount or Number of Shares	Derivative	Security:	
					Security	Direct (D)	
						or Indirect	
						(I)	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Jarry Olivier R. 20374 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	Â	Â	SVPConsumer Sector	Â		
Signatures						
/s/ Olivier R. Jarry, by Donald P. Lehr, Powe Attorney	er of	06/15/2015				
**Signature of Reporting Person						
<b>Explanation of Response</b>	es:					

## No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.