

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* <u>Burrill Capital Fund IV, L.P.</u> (Last) (First) (Middle) <u>ONE EMBARCADERO CENTER</u> <u>SUITE 2700</u> (Street) <u>SAN FRANCISCO CA 94111</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ADMA BIOLOGICS, INC. [NONE]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>10/22/2013</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, par value \$0.0001 per share	10/22/2013		P		308,824	A	\$8.5	1,433,304	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person* <u>Burrill Capital Fund IV, L.P.</u> (Last) (First) (Middle) <u>ONE EMBARCADERO CENTER</u> <u>SUITE 2700</u> (Street) <u>SAN FRANCISCO CA 94111</u> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Burrill & Co (BCF IV GP), LLC</u> (Last) (First) (Middle) <u>ONE EMBARCADERO CENTER</u> <u>SUITE 2700</u> (Street) <u>SAN FRANCISCO CA 94111</u> (City) (State) (Zip)
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Explanation of Responses:

1. These shares are held of record by Burrill Capital Fund IV, L.P ("Burrill") and are deemed to be beneficially owned by Burrill & Company (BCF IV GP), LLC ("Burrill GP"), and each of the individual managing members of Burrill GP. The individual managing members of Burrill GP are G. Steven Burrill and David S. Wetherell (the "Managers"). Burrill GP and the Managers may share voting and dispositive power over the shares owned of record by Burrill. Burrill GP and the Managers disclaim beneficial ownership over such shares except to the extent of their respective pecuniary interest therein.

/s/ Burrill & Company.(BCF
IV GP), LLC 10/23/2013

/s/ G. Steven Burrill 10/23/2013

/s/ David S. Wetherell 10/23/2013

** 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.