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

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(Print or Type Responses)

1. Name and Add Person <u>*</u> Trizzino Jo		orting	2. Date of Event RequiringStatement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol NOVAVAX INC [NVAX]			
(Last)	(First)	(Middle)	07/20/2009	4. Relations Person(s) to	hip of Reporting Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O NOVAVAX, INC, 9920 BELWARD CAMPUS DRIVE				(Chec	ck all applicable)			
(Street) ROCKVILLE, MD 20850				XOffice (give title bel	Director10% Owner XOfficerOther (give title below) (specify below) Snr. VP, Int & Govt Alliances		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
(City)	(State)	(Zip)	Table I -	Non-Deriva	ative Securit	ies Be	neficially Owned	
1.Title of Securit (Instr. 4)	y		2. Amount Beneficiall (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr		
Reminder: Report owned directly or	indirectly. Person inform require	ns who resp ation conta ed to respon	ch class of securities benef bond to the collection o ined in this form are n nd unless the form dis IB control number.	of	SEC 1473 (7-02	2)		
Tal	ble II - Deri	vative Secur	ities Beneficially Owned	(e.g., puts, call	s, warrants, op	tions, c	onvertible securities)	

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

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Trizzino John C/O NOVAVAX, INC 9920 BELWARD CAMPUS DRIVE ROCKVILLE, MD 20850	Â	Â	Snr. VP, Int & Govt Alliances	Â			
Signatures							
/s/Rahul Singhvi, Attorney-in-Fact for Jol Trizzino	hn J.	07/22/2009					
**Signature of Reporting Person		Date					
Explanation of Responses:							

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.