#### INTREXON CORP Form 3 March 19, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

# **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)

1. Name and Address of Person <u>*</u> Nimrodi Nir (Last) (First) 20374 SENECA ME PARKWAY	(Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 03/17/2014	<ul> <li>3. Issuer Name and Ticker or Trading Symbol INTREXON CORP [XON]</li> <li>4. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>5. If Amendment, Date Orig Filed(Month/Day/Year)</li> </ul>			5. If Amendment, Date Original
(Street) GERMANTOWN,Â (City) (State)	MDÂ 20876 (Zip)	Table I - N	Director10% Owner 		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
· · · · ·	(P)					
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1
owned directly or indirec Per info rec	tly. rsons who resp prmation conta juired to respoi	ch class of securities benefici bond to the collection of ined in this form are not nd unless the form displa IB control number.	3	EC 1473 (7-02)	)	

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

3235-0104

January 31,

Estimated average burden hours per

response...

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(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Nimrodi Nir 20374 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	Â	Â	Â SVP-Environment Sector	Â		
Signatures						
/s/ Nir Nimrodi, by Donald P. Lehr, Power of Attorney		03/19/201	4			
<u>**</u> Signature of Reporting Person		Date				
Evaluation of Deeneneed						

### **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.