CHOWNING MARY E

Form 4 March 19, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

X Form filed by One Reporting Person Form filed by More than One Reporting

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

CHOWNING MARY E Issuer Symbol INTERLEUKIN GENETICS INC (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) C/O INTERLEUKIN GENETICS, 03/17/2010 INC., 135 BEAVER STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

WALTHAM, MA 02452

(State)

(Zip)

(City)

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

1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	es Acquir	ed 5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	posed of	Securities	Form: Direct	Indirect
(Instr. 3)	•	any	Code	(D)	•	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership
						Following	(Instr. 4)	(Instr. 4)
					()	Reported		
					(A)	Transaction(s)		
					or	(Instr. 3 and 4)		
			Code V	Amount	(D) Pr	ice (motivo una 1)		
Common Stock (1)	03/17/2010		A	10,000	A \$	0 30,000 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion (Month/Day/Year) Execution Date, if any (Month/Day/Year) ve		TransactionDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (3)	\$ 0.92 (4)	03/17/2010		A	15,000	(3)	03/16/2020	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

CHOWNING MARY E C/O INTERLEUKIN GENETICS, INC. 135 BEAVER STREET WALTHAM, MA 02452



Signatures

/s/ Linda Rockett,
Attorney-in-Fact
03/19/2010

**Signature of Reporting Person Da

Explanation of Responses:

- * 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).
- (1) Represents a restricted stock award, which restrictions lapse in four equal annual installments beginning on 03/17/2010, the grant date of the restricted stock award. The restrictions vest as to all remaining then-unvested shares upon a change of control of the issuer.
- (2) Includes 20,000 shares of common stock reported on a Form 4 filed on 11/24/2008.
- (3) The option vests in four equal annual installments beginning on 03/17/2010, the grant date of the option. The option vests as to all remaining then-unvested options upon a change of control of the issuer.
- (4) The exercise price of the option is the closing price of the issuer's common stock on AMEX on 03/17/2010, the grant date of the option.

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.

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