Nile Theraper Form 4 April 16, 200												
									OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to Section 16.				GES IN F SECURI		CIA	L OW	NERSHIP OF	Expires: Estimated a burden hou	irs per		
Form 5 obligation may conti	obligations may continue. See InstructionSection 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 R	esponses)											
SCHAFER GREGORY W S			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer				
				erapeutics		IL I .([םכ	(Check all applicable)				
(Last) C/O NILE T INC., 115 SA #310	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2008					X_ Director10% Owner Officer (give titleOther (specify below) below)						
	(Street)	Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SAN FRAN	CISCO, CA 94	104						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executi any		3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) of (D d of (D d and (A) or)	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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/15/2008			P	100	A	\$ 4.6	100	D			

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

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 control number.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
SCHAFER GREGORY W									
C/O NILE THERAPEUTIC	CS, INC.	х							
115 SANSOME ST., SUIT	E #310	Λ							
SAN FRANCISCO, CA 94	104								
Signatures									
Gregory W. Schafer	04/16/20	08							
<u>**</u> Signature of	Date								

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).

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.

Reporting Person