FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFIC	IAL OWNERSHIP

OMB API	PROVAL
OMB Number:	3235-028
Estimated average	burden

hours per response:

0.5

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

Name and Address of Reporting Person* Strobeck Matthew						2. Issuer Name and Ticker or Trading Symbol METABOLIX, INC. [MBLX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officers (six title Check and Applicable)						
(Last) (First) (Middle) C/O METABOLIX, INC. 21 ERIE STREET					1	1/15/2	2006		`		n/Day/Year)		Officer (give title Other (specify below) below)							
(Street)		IA	_ 4.	. If Am	endm	ent, Date o	of Original	File	ed (Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City)	(9	itate)	(Zip)	_								Person								
		Ta	ıble I - N	lon-Dei	rivati	ve S	ecur	ities Ad	quired	, Di	isposed (of, or Be	neficial	ly Owned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yo		Execution Date,		on Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indire Bene	eficial ership		
							Code	,	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(iiisui 4)				
Common Stock			11/15	5/2006				С		40,865	A	(1)	40,865		I		By Guggenheir Portfolio Company XIX, LLC ⁽²⁾			
Common Stock			11/15	11/15/2006				С		382,087	A	(1)	382,08	382,087		By Westfield Life Sciences Fund II L.P.		ences		
Common Stock				11/15/2006		5			С		67,427	A	(1)	67,427		I Li Sc		Life Scie	y Westfield fe ciences and L.P. ⁽²⁾	
Common Stock		11/15/2006				С		54,486 A		(1)	54,48	54,486		I Micr		Westfield rocap d L.P. ⁽²⁾				
			Table II								posed of converti			Owned						
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed 4. Date, Transact Code (In		action	5. Number of tion Derivative				isable and 7. Title and Amou		d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares	(Instr. 4)		4)				
Series 05 Preferred Stock	(1)	11/15/2006			С			50,000	(1)		(1)	Common Stock	40,865	\$0		0	I		By Guggenheim Portfolio Company XIX, LLC ⁽²⁾	
Series 05 Preferred Stock	(1)	11/15/2006			С			467,500	(1)		(1)	Common Stock	382,087	\$0		0	I		By Westfield Life Sciences Fund II L.P. (2)	
Series 05 Preferred Stock	(1)	11/15/2006			С			82,500	(1)		(1)	Common Stock	67,427	\$0		0	I		By Westfield Life Sciences Fund L.P. ⁽²⁾	
Series 05 Preferred Stock	(1)	11/15/2006			С			66,667	(1)		(1)	Common Stock	54,486	\$0		0	I		By Westfield Microcap Fund L.P. ⁽²⁾	

Explanation of Responses

- 1. Th Issuer's preferred stock automatically converted into Common Stock on .8173-for-1 basis upon the closing of the Issuer's initial public offering.
- 2. The reporting person disclaims beneficial ownership of such securities except to the extent of his pecuniary interest, if any.

/s/ Sarah P. Cecil, attorney-in-

fact

** 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.