FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

| <u>Dunbar Geoffrey C</u> | | | | | | TARGACEPT INC [TRGT] | | | | | | | | | all appli Directo Officer | | | 10% O | | | |
|--|---|--|---|---------|------------------------------|------------------------|---|---|------------------------|---|------------------|--|--|---------------------------------|--|--|---|-------------------------|--|--|--|
| | .ast) (First) (Middle) CO TARGACEPT, INC. 00 EAST FIRST STREET, SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2010 | | | | | | | | X Officer (give the Offier (specify below) SVP, Clin. Dev. & Reg. Affairs | | | | | | |
| (Street) WINST(SALEM (City) | WINSTON- SALEM NC 27101 | | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | Se | curiti | es A | cquired, | Dis | posed | of, or B | eneficia | lly O | wne | t | 1 | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Dee Execution if any (Month/I | on Date | Code (Instr | | | | | and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) | Price | 1 | Reporte Fransac Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock 04/26/ | | | | | | 2010 | | М | | 257 | ' A | . \$1. | 75 | 1,410 | | | D | | | | |
| Common Stock 04/26/ | | | | | | 0 | | | | | 257 | ' Г | \$2 | 4 | 1,153 | | D | | | | |
| Common Stock 04/27/ | | | | | 7/2010 | 2010 | | | M | | 200 |) A | \$1. | 75 1, | | ,353 | | D | | | |
| Common Stock 04/27/ | | | | | | 2010 | | | S | | 200 | D \$24 | | 4 1,153 | | D | | | | | |
| | | Т | able II - | | | | | | luired, Ε s, optior | | | | | | /ned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transacti Code (Ins | | of Deriv | rities lired r osed) : 3, 4 | Expiration | b. Date Exercisab Expiration Date Month/Day/Year) | | Amount of Securities Underlying Derivative | | | rice of vative urity tr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: y Direct (D) or Indirect (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | kpiration ate | Title | Amount or Number of Shares | 1 | | | | | | | |
| Stock Option (Right to Buy) | \$1.75 | 04/26/2010 | | | М | | | 257 | (1) | 03 | 3/28/2015 | Common Stock | 257 | : | \$0 | 23,743 | 3 | D | | | |
| Stock Option (Right to Buy) | \$1.75 | 04/27/2010 | | | М | | | 200 | (1) | 03 | 3/28/2015 | Common Stock | 200 | , | \$0 | 23,543 | | D | | | |

Explanation of Responses:

1. This option vested in installments and became vested in full on December 31, 2008.

Remarks:

The shares covered by this Form 4 have been sold pursuant to a Rule 10b5-1 Sales Plan dated December 16, 2009, which is intended to comply with Rule 10b5-1(c) promulgated under the Securities Exchange Act of 1934, as amended.

> Zorn, Attorney-in-04/28/2010 Fact for Geoffrey C. Dunbar

** Signature of Reporting Person

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

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.

^{*} 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).