Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Per RABBANI ELAZAR	2. Issuer Name and Ticker or Trading Symbol ENZO BIOCHEM INC [ENZ]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First)  69 FIFTH AVENUE, APT 19A		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 07/31/2007				X Officer (give title below) Other (specify below)  Chairman and CEO			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
NEW YORK, NY 10003						_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		isposed	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership
Common Stock	09/08/2006		G4	10,000	D	\$ 0	2,257,277 (1)	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.

SEC 2270 (9-02)

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

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of Deriva Securi Acquii (A) or Dispos of (D) (Instr.	er ative ties red sed 3,	and Expiration (Month/Day)	d Expiration Date Month/Day/Year)		ant of rlying	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned at	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial	
					4, and (A)	,	Exercisable	Expiration Date	Title	Amount or Number of Shares					

# **Reporting Owners**

	Panarting Owner Name /	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
(	RABBANI ELAZAR 59 FIFTH AVENUE APT 19A NEW YORK, NY 10003	X		Chairman and CEO				

## **Signatures**

/s/ Elazar Rabbini	09/07/2007
**Signature of Reporting Person	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).
  - This number includes 4,216 shares in the Issuer's 401K plan, of which the Reporting Person has direct beneficial ownership. In addition to the non-derivative securities reported here, the Reporting Person has direct beneficial ownership of stock options to purchase 523,342 shares of Common Stock which are exercisable within 60 days of
- (1) the date of this report. The Reporting Person also has an indirect beneficial interest in: (i) 3,469 shares held in the name of the Reporting Person as custodian for certain of his children, (ii) 2,168 shares in the name of his wife as custodian for certain of their children, and (iii) an aggregate of 5,100 shares of Common Stock held in the name of the Reporting Person's children.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.