INTERCONTINENTAL HOTELS GROUP PLC /NEW/
Form 6-K
December 05, 2008

SECURITIES AND EXCHANGE COMMISSION

Washington DC 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16 AND 15d-16 OF
THE SECURITIES EXCHANGE ACT OF 1934

For 05 December 2008

InterContinental Hotels Group PLC
(Registrant's name)

Broadwater Park, Denham, Buckinghamshire, UB9 5HJ, United Kingdom
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.

Form 20-F Form 40-F

Indicate by check mark whether the registrant by furnishing the information contained in this form is also thereby furnishing the information to the Commission pursuant to Rule 12g3-2(b) under the Securities Exchange Act of 1934.

Yes No

If "Yes" is marked, indicate below the file number assigned to the registrant in connection with Rule 12g3-2(b): Not applicable

EXHIBIT INDEX

Exhibit Number	Exhibit Description
99.1	Total Voting Rights dated 28 November 2008

99.1

INTERCONTINENTAL HOTELS GROUP PLC
Transparency Directive Announcement

Voting Rights and Capital

In accordance with Disclosure and Transparency Rule 5.6.1 InterContinental Hotels Group PLC would like to notify the market of the following:

As at 28 November 2008, InterContinental Hotels Group PLC's issued share capital consists of 285,552,193 ordinary shares of 13 29/47 pence each with voting rights. The Company does not hold any shares in Treasury. Therefore the total number of ordinary shares in the Company with voting rights is 285,552,193.

The above figure, 285,552,193, may be used by shareholders as the denominator for the calculations by which they will determine if they are required to notify their interest in, or a change to their interest in, InterContinental Hotels Group PLC under the FSA's Disclosure and Transparency Rules.

Catherine Springett
Deputy Company Secretary
28 November 2008

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

InterContinental Hotels Group PLC
(Registrant)

By: /s/ C. Cox
Name: C. COX
Title: COMPANY SECRETARIAL OFFICER

Date: 05 December 2008

to a peer-reviewed journal for publication. The study results were also presented at a plenary session at the XI International Symposium on Blood Substitutes in Beijing. We have also continued to work with our investigators as

they complete the process of final public disclosure at their individual sites.

There has been considerable interest in the field of hemoglobin-based oxygen carriers, or HBOCs, this year. In April, FDA and NIH jointly sponsored a two-day public workshop entitled *Hemoglobin-Based Oxygen Carriers: Current Status and Future Directions.* The program included presentations of clinical data by all sponsors developing HBOCs, including Northfield, as well as discussions of the basic science of hemoglobin, and the interactions of hemoglobin with nitric oxide. At this meeting we also had the opportunity to present new data on cardiac events in the Phase III trial as classified in a blinded analysis by the Cardiac Subcommittee of the Independent Data Monitoring Committee that monitored our Phase III trial. The results, based on uniformly applied objective criteria, indicated that more than half of the patients in both the PolyHeme and the control groups had some evidence of myocardial infarction, or MI, confirming the difficulty of diagnosing MI in trauma patients.

A number of key scientific papers were published during the year addressing the safety of blood as well as HBOCs. Several of these studies reported that many of the cardiovascular adverse events experienced in HBOC trials also occur in patients who receive blood transfusions. In fact, the role of nitric oxide for both blood and HBOCs, and the significance of the age of stored blood in relation to safety, are now of great interest to the transfusion medicine community. Northfield has begun to collaborate with investigators in the field of nitric oxide biology to explore some of these issues and how their findings might relate to PolyHeme

We participated in a number of important meetings related to the advancement of trauma care, including the Endpoint Initiative Meeting in Dallas in February hosted by the National Trauma Institute, and the Decision Gate in Progress Review at Fort Detrick in March. The latter is held each year to brief the Commander of the U.S. Army Medical Research and Materiel Command on the progress of the many different research programs designed to bring forward products that will be useful to the military, and to begin considering the designation of funding for acquisition purposes. We were invited to attend and to discuss the progress we have made with the development of PolyHeme. This is an exciting opportunity for Northfield.

Based on our funds available as of May 31, 2008, we believe we have sufficient financial resources to support the BLA submission and review process, including a pre-approval inspection of our manufacturing facility, for approximately the next year. We are hopeful a successful submission and filing of the BLA with priority review will lead to opportunities to secure the additional funding needed to move PolyHeme into commercialization. Our annual report includes additional information regarding our financial position and our plans relating to Northfield s future.

Our proxy statement this year includes two important proposals that are part of our plan to secure additional funding and to continue to retain and attract the talented employees critical to achieving our objectives. These proposals are unanimously supported by our Board of Directors and I strongly urge you to review the information in our proxy statement and vote for each of these proposals at our upcoming annual meeting of stockholders.

As I stated at the outset, our focus for fiscal 2009 is the successful submission and filing of the BLA with a designation of priority review. I hope you now have a better understanding of the enormity of the task. We believe our clinical data demonstrate PolyHeme has the potential to provide life-sustaining capability to bleeding patients when blood is not immediately available, and to thereby address a critical unmet medical need. We believe PolyHeme has a favorable benefit-to-risk profile for this indication. In addition, there are multiple logistic benefits of PolyHeme that add to the compelling basis for the use of PolyHeme in those clinical settings. This is our case to FDA.

Once more I wish to take this opportunity to thank you, our shareholders, for your loyal support of our efforts to bring PolyHeme to commercial reality. I look forward to reporting our progress as the year proceeds.

Sincerely,

Steven A. Gould, M.D.
Chairman and Chief Executive Officer