Confidential Treatment Requested UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Form 13F

Form 13F COVER PAGE

Report for the Calendar Year or Quarter Ended: September 30, 2008

CONFIDENTIAL TREATMENT DENIED Check here if Amendment []; Amendment Number: This Amendment (Check only one.):] is a restatement.] adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: Robeco Investment Management, Inc. Address: 909 Third Avenue New York, NY 10022

2/17/11

13F File Number: 28-12484

13FCON

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

James G. Noone Chief Compliance Officer Name: Title: Phone: 212-908-9620

Signature, Place, and Date of Signing:

James G. Noone

New York, NY

November 13, 2008

RECEIVE

NOV 1 4 7953

OFFICE

CRETARY

Report Type (Check only one.):

[X] 13F HOLDINGS REPORT.

Γ] 13F NOTICE.

Г ٦ 13F COMBINATION REPORT.

<PAGE>



11000756

001386060

FORM 13F SUMMARY PAGE

1

Report Summary:

Number of Other Included Managers: 2

Form13F Information Table Entry Total:

Form13F Information Table Value Total: \$1520 (thousands)

List of Other Included Managers:

INFORMATION FOR WHICH ROBECO INVESTMENT MANAGEMENT, INC. HAS REQUESTED CONFIDENTIAL TREATMENT HAS BEEN OMITTED AND FILED SEPARATELY WITH THE COMMISSION.

Provide a numbered list of the name(s) and Form 13F file number(s) of all institutional managers with respect to which this report is filed, other than the manager filing this report.

No. 13F File Number

Name

01 28-12637 02 28-12635 Robeco Groep NV Robeco Institutional Asset Management BV

<PAGE>

Confidential Treatment Requested

<iable></iable>	NO	<c></c>				•	
		FORM		RMATION TABLE			
NAME OF ISSUER	TITLE OF CLASS	S CUSIP	VALUE (x\$1000)	SHARES/ SH/ PUT PRN AMT PRN CAL	7 INVSTMT OTHER	VOTING AUTH	
LIFE SCIENCES RESH INC	COM	532169109		43435 SH	Defined 01		D NONE

 | | | | Delined VI | 43435 | 0 0 |+12129080195