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FALCONSTOR SOFTWARE INC

Form 4

November 08, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this								Expires:	January 31,			
subject to Section 16 Form 4 or Form 5 obligation may conti	Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									2005 average irs per 0.5		
(Print or Type R	esponses)											
1. Name and Address of Reporting Person * LIEBER IRWIN			2. Issuer Name and Ticker or Trading Symbol FALCONSTOR SOFTWARE INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		[FALC]					(Check an applicable)					
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 11/04/2016					X Director 10% Owner Officer (give title below) Other (specify below)						
INC., 2 HUN QUADRAN												
(Street) 4. If Amend Filed(Month				dment, Date Original n/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MELVILLE	, NY 11747							Form filed by Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date any (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	11/04/2016			A	14,201 (1)	A	\$0	1,788,028	D			
Common Stock								164,000	I	By Buckland Focus Fund		

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

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

SEC 1474

(9-02)

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displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date		of		
				C-J- V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LIEBER IRWIN C/O FALCONSTOR SOFTWARE, INC. 2 HUNTINGTON QUADRANGLE MELVILLE, NY 11747

X

Signatures

/s/ Daniel Murale as Attorney-in-Fact

**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).
- (1) Represents shares of Restricted Stock granted under the FalconStor Software 2016 Incentive Stock Plan as payment for board of director fees related to services performed for the second and third quarters of 2016. Such shares fully vested on November 4, 2016.
- (2) Mr. Lieber is a general partner of Buckland Focus Fund. Mr. Lieber disclaims beneficial ownership of these securities except to the extent of his equity interest therein.

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

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