ARBOR ENTECH CORP

Form 4

December 16, 2008

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

ARBOR ENTECH CORP

Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Print or Type Responses)

SHEFTS WANDA D

1. Name and Address of Reporting Person *

1(b).

See Instruction

			[ARBE.OB]				(Check all applicable)			
(Last) (First) (Middle) 4461 WATERS EDGE LANE		(3. Date of Earliest Transaction (Month/Day/Year) 12/16/2008				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) Executive Vice President (1)			
SANIBEL	(Street)			If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Nor	n-Derivative Se	ecuriti	es Acqui	red, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3) Common Stock, \$.001 par	2. Transaction Date (Month/Day/Year) 12/15/2008	2A. Deemed Execution Day any (Month/Day/	ate, if Transacti Code	4. Securities 2. Order Disposed of (Instr. 3, 4 and Amount 3,400,000	of (D)	Price \$ 0.001	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$.001 par value	12/16/2008		P	0	A	\$ 0	750	I	By Shefts Associates, Inc.	
Common Stock, \$.001 par value	12/16/2008		P	0	A	\$ 0	18,238	I	By Shefts Family LP	

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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 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

 Title of 	2.	3. Transaction Date	3A. Deemed	4.		5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code		of	(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8)	Derivative	•		Secur	ities	(Instr. 5)
	Derivative		•			Securities			(Instr	. 3 and 4)	
	Security					Acquired			Ì		
	Ĭ					(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
						, ,					
										Amount	
							Date	Expiration		or	
							Exercisable	Date	Title Number	Number	
						LACICISAL		Date		of	
				Code	V	(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
• 0	Director	10% Owner	Officer	Other				
SHEFTS WANDA D 4461 WATERS EDGE LANE SANIBEL, FL 33957	X	X	Executive Vice President (1)					
SHEFTS MARK 160 SUMMIT AVE MONTVALE, NJ 07645	X	X	CFO and Acting CEO					

Signatures

/s/ Wanda Shefts	12/16/2008
**Signature of Reporting Person	Date
/s/ Mark Shefts	12/16/2008
**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).

Remarks:

Reporting Owners 2

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(1)

Mark Shefts (in addition to being a director and 10% owner) was Chief Financial Officer and Acting CEO of the Issuer. Each 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.