ECHELON CORP Form 4

October 06, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer subject to

Section 16. Form 4 or Form 5

obligations may continue. See Instruction **SECURITIES**

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * **OSHMAN M KENNETH**

(Zip)

(First) (Middle) (Last)

(State)

(Month/Day/Year)

550 MERIDIAN AVE

(Street)

SAN JOSE, CA 95126

(City)

1.Title of

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

ECHELON CORP [ELON] 3. Date of Earliest Transaction

(Month/Day/Year) 08/15/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

2. Transaction Date 2A. Deemed 3. 4. Securities Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year)

Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A)

Code V Amount (D) Price

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.

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

1. Title of Derivative Conversion

Security

or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chairman of the Board and CEO

6. Ownership

Form: Direct

(T)

(Instr. 4)

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

Form filed by One Reporting Person _X_ Form filed by More than One Reporting

X 10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

SEC 1474

(9-02)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

Following

Transaction(s) (Instr. 3 and 4)

Reported

X Director

Applicable Line)

X_ Officer (give title

Estimated average

burden hours per

1

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 8.19	08/15/2005		A		150,000		<u>(1)</u>	08/15/2010	Common Stock	150,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting owner name, names	Director	10% Owner	Officer	Other				
OSHMAN M KENNETH 550 MERIDIAN AVE SAN JOSE, CA 95126	X	X	Chairman of the Board and CEO					
O S VENTURES 550 MERIDIAN AVE SAN JOSE, CA 95126				OS Ventures				
OSHMAN TRUST DATED 7 10 1979 550 MERIDIAN AVE SAN JOSE, CA 95126		X		Trust				

Signatures

/s/ Oliver R. Stanfield, attorney in fact for M. Kenneth Oshman

10/06/2005

**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).

Grant to Reporting Person of option to buy 150,000 shares of Common Stock under the Echelon Corporation 1997 Stock Plan. The option (1) becomes exercisable at the rate of 1/4th of the shares on August 15, 2006 and as to 1/4th of the shares on each one year anniversary thereafter.

Remarks:

EXHIBIT LIST

Exhibit 99 - Joint Filer Information

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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