## Edgar Filing: Rust Peter A - Form 4

| Form 4   |                                 |  |  |                              |  |   |  |  |   |  |
|--|---------------------------------|--|--|------------------------------|--|---|--|--|---|--|
| February 02, 200   | 19                              |  |  |                              |  |   |  |  |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION            |                                 |  |  |                              |  |   |  |  | PPROVAL   |  |
| Washington, D.C. 20549   |                                 |  |  |                              |  |   | N OMB Number:  | 3235-0287  |   |  |
| Check this box<br>if no longer                                     |                                 |  | Expires:   | January 31,<br>2005          |  |   |  |  |   |  |
| subject to<br>Section 16.<br>Form 4 or                             | STATEN                          |  |  | SECU                         | Estimated<br>burden hoi<br>response                  | average<br>urs per                        |  |  |   |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b). | Section 17(                     | a) of the l                                | Public U   | Itility Ho                   | lding Cor  |   | nge Act of 1934,<br>of 1935 or Secti<br>940  |  |   |  |
| (Print or Type Respo   | onses)                          |  |  |                              |  |   |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Rust Peter A   |                                 |  | Symbol   | er Name <b>an</b><br>POINT I |  | -   | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |   |  |
| (Last)   | Middle)                         | 3. Date of Earliest Transaction            |  |                              |  | (Check all applicable)                    |  |  |   |  |
| C/O GLOWPOINT, 225 LONG<br>AVENUE                                  |                                 |  | (Month/Day/Year)<br>02/02/2009                       |                              |  |   | X Director<br>Officer (give below)   | ve title 0th<br>below)   | % Owner<br>her (specify   |  |
| (Street)   |                                 |  | 4. If Amendment, Date Original Filed(Month/Day/Year) |                              |  |   | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |   |  |
| HILLSIDE, NJ   | 07205                           |  |  |                              |  |   | Person   | More than One R  | eporting  |  |
| (City)   | (State)                         | (Zip)                                      | Tab  | ole I - Non-                 | Derivative   | Securities A                              | cquired, Disposed  | of, or Beneficia   | lly Owned   |  |
|  | ansaction Date<br>nth/Day/Year) | 2A. Deema<br>Execution<br>any<br>(Month/Da | Date, if   | Code<br>(Instr. 8)           | 4. Securit<br>onAcquired<br>Disposed<br>(Instr. 3, 4 | (A) or<br>of (D)<br>4 and 5)<br>(A)<br>or | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Domindam Danart a  | n o comonata lina               | for each al                                | and of and   |                              | Amount   | (D) Price                                 | an in dina atla:   |  |   |  |
| Reminder: Report of  | n a separate line               | e for each cl                              | ass of sec   | urities bene                 | •  | •   | or indirectly.   | ection of  | SEC 1474  |  |
|  |                                 |  |  |                              | inforn<br>requi                                      | nation cont<br>red to resp<br>ays a curre | tained in this form<br>and unless the fo<br>ntly valid OMB co  | n are not<br>orm   | (9-02)  |  |

 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. Number  | 6. Date Exercisable and | 7. Title and Amount | 8. Pr |
|-------------|-------------|---------------------|--------------------|------------|------------|-------------------------|---------------------|-------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onof       | Expiration Date         | of Underlying       | Deri  |
| Security    | or Exercise |                     | any                | Code       | Derivative | (Month/Day/Year)        | Securities          | Secu  |

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| (Instr. 3)                           | Price of<br>Derivative<br>Security | (Month/Day/Year) | ar) (Instr. 8) Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4,<br>and 5) |      |       | (Instr. 3 and 4)    |                    | (Inst           |  |  |
|--------------------------------------|------------------------------------|------------------|--|------|-------|---------------------|--------------------|-----------------|--|--|
|                                      |                                    |                  | Code V   | / (A | ) (D) | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |  |
| stock<br>option<br>(right to<br>buy) | \$ 0.26                            | 02/02/2009       | A  | 50   | 0     | 02/02/2009          | 02/02/2019         | common<br>stock | 500                                    |  |

## **Reporting Owners**

| Reporting Owner Name / Address   |          |           |         |       |  |  |
|--|----------|-----------|---------|-------|--|--|
| I State and a state  | Director | 10% Owner | Officer | Other |  |  |
| Rust Peter A<br>C/O GLOWPOINT<br>225 LONG AVENUE<br>HILLSIDE, NJ 07205 | Х        |           |         |       |  |  |
| Signatures   |          |           |         |       |  |  |
| David W. Robinson,<br>Attorney-in-Fact                                 |          | 02/02/200 | )9      |       |  |  |
| **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) These options were issued to the reporting person as a non-employee director for attendance at an Audit Committee meeting on February 2,2009.

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.