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Rust Peter A Form 4 June 22, 20									
FORM	ЛЛ								PPROVAL
	UNITED	STATES		RITIES A Ashington			E COMMISSIO	N OMB Number:	3235-0287
Check t if no lor subject Section Form 4 Form 5	nger to STATE 16. or	MENT O	Estimated burden hou response	urs per					
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Secti 940		
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> Rust Peter A			2. Issuer Name and Ticker or Trading Symbol GLOWPOINT INC [GLOW]				5. Relationship of Reporting Person(s) to Issuer		
							(Check all applicable)		
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify			
C/O GLOWPOINT, 225 LONG AVENUE			06/22/2010			below) below)			
F			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
HILLSIDE	E, NJ 07205						Person	More than One K	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	(A) or d of (D) 4 and 5) (A) or	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)
				Code V	Amount	(D) Price	(
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities bene	Perse infor requi	ons who res mation cont ired to resp	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

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 Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu

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Shares	(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8) Code V		Date Exercisable	Expiration Date	· ·	Amount or Number of	(Instr. 5)	Bene Ownd Follo Repo Trans (Instr
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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Rust Peter A C/O GLOWPOINT 225 LONG AVENUE HILLSIDE, NJ 07205	Х						
Signatures							
David W. Robinson, Attorney-in-Fact		06/22/202	10				
**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).

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.