Edgar Filing: UCN INC - Form 4

| UCN INC | | | | | | | | | | | |
|---|---|--|---|---|-------------|--------|--|---|------------------|----------|--|
| Form 4 | | | | | | | | | | | |
| May 23, 2008 | 3 | | | | | | | | | | |
| FORM | 4 | | | | | | | | | PPROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| subject to | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 31, 2005 Estimated average burden hours per | | | |
| Form 5 obligation may contin | Form 4 or Form 5 obligations may continue.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 19400. | | | | | | | | 0.5 | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| KOEPPE PAUL F Sy | | | 2. Issuer Name and Ticker or Trading Symbol UCN INC [ucnn] | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | (Check all applicable) | | | |
| 2825 BREWERY RD (Mont 05/22 (Street) 4. If A | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2008 | | | | X Director Officer (give below) | Officer (give title Other (specify | | | |
| | | | If Amendment, Date Original led(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CROSS PLA | AINS, WI 53528 | | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | n Date 2A. Deemed Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V 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 | 05/22/2008 | | | A | 30,000 | A | \$ 2.4 | 264,500 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. 6. Date Exercisable and tionNumber Expiration Date of (Month/Day/Year) b) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Title a Amount o Underlyin Securitie: (Instr. 3 a | of ing es | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--|---|--------------------|--|-----------------|---|---|
| | | | Code V | 4, and 5 |) | Expiration Date | or Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | | |
| KOEPPE PAUL F 2825 BREWERY RD CROSS PLAINS, WI 53528 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| RYAN BECKSTROM on beha KOEPPE | JL | 05/23/2008 | | | | | | | |
| **Signature of Reporting P | erson | | | 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.