Edgar Filing: UCN INC - Form 4

UCN INC

Form 4											
October 08, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHANG									Expires:	January 31, 2005	
				GES IN BENEFICIAL OWNERSHII SECURITIES				NERSHIP OF	Estimated average burden hours per response		
Form 5 obligations may continue. See Instruction 1(b). 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 Res	sponses)										
1. Name and Address of Reporting Person *2. IssuerKOEPPE PAUL FSymbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
UCN IN				NC [UCNN]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
2825 BREWERY RD (Month/D) 10/08/20			-				X_ Director10% Owner Officer (give titleOther (specify below)below)				
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon CROSS PLAINS, WI 53528				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ities Acc	uired, Disposed of	, or Beneficial	ly Owned	
	urity (Month/Day/Year) Execution Date, if			3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)				Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	10/08/2008			Р	100	А	\$ 0.95	296,760	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)	of	Expiration D (Month/Day, ve es d			of ing	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						
reporting o where reality read too	Director	10% Owner	Officer	Other			
KOEPPE PAUL F 2825 BREWERY RD CROSS PLAINS, WI 53528	Х						
Signatures							
MICHAEL FLINT on behalf o KOEPPE		10/08/2008					
**Signature of Reporting Pers		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.