

Support.com, Inc.  
 Form 3  
 May 09, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Wrenn Gregory J		(Month/Day/Year)	Support.com, Inc. [SPRT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
900 CHESAPEAKE DRIVE, FLOOR 2		04/30/2014	(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
REDWOOD			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
CITY, CA 94063			(give title below)	(specify below)
(City)	(State)	(Zip)	SVP, GC & Secretary	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Non-Qualified Stock Options	Â (1)	12/03/2016	Common Stock	12,500	\$ 2.56	D	Â
Non-Qualified Stock Options	Â (2)	10/05/2017	Common Stock	40,000	\$ 4.59	D	Â
Restricted Stock Units	Â (3)	Â (5)	Common Stock	100,000	\$ 0	D	Â
Restricted Stock Units	Â (4)	Â (5)	Common Stock	50,000	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wrenn Gregory J 900 CHESAPEAKE DRIVE, FLOOR 2 REDWOOD CITY, CA 94063	Â	Â	Â SVP, GC & Secretary	Â

## Signatures

/s/ Greg Wrenn, by power of attorney  
05/09/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) 1/4th of the shares subject to the grant vested on December 3, 2010, the first anniversary of the grant date, and 1/48th of the shares subject to the grant vest on each monthly anniversary thereafter over the next three years, through December 3, 2013.
- (2) 1/48th of the shares subject to the grant vest on each monthly anniversary of the grant date over four years, through October 5, 2014.
- (3) 1/3rd of the shares subject to the grant vest each anniversary of the grant date over three years, through August 5, 2016.
- (4) All of the shares subject to the grant vest on February 11, 2015, the first anniversary of the grant date.
- (5) N/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.