TRIBEWORKS INC Form 3 August 22, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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 <u>*</u> JACOBSON PETER B			2. Date of Event Requ Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol TRIBEWORKS INC [TRBW]						
(Last)	(First)	(Middle)	06/23/2005		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)				
511 36TH ST							· · ·				
(Street) NEWPORT BEACH, CA 92663				(Check	(Check all applicable) X_Director10% Owner OfficerOther (give title below) (specify below)		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
				Officer							
(City)	(State)	(Zip)	Table	e I - Non-Derivati	ve Securitie	es Benefic	Beneficially Owned				
1.Title of Securi (Instr. 4)	ity			ount of Securities icially Owned 4)	Ownership	4. Nature of Ownership (Instr. 5)	Indirect Beneficial				
Reminder: Repo owned directly o		ate line for ea	ch class of securities b	eneficially SI	EC 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.											
Ta	able II - Der	ivative Secur	rities Beneficially Own	ned (e.g., puts, calls,	warrants, opti	ons, conver	tible securities)				
1. Title of Deriv (Instr. 4)	ative Securit	Expir	ration Date S Day/Year) D	. Title and Amount of ecurities Underlying Derivative Security Instr. 4)	4. Conversio or Exercise Price of		(Instr. 5)				

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name /	Relationships						
I B		Director	10% Owner	Officer	Other		
JACOBSON PETER B 511 36TH ST. NEWPORT BEACH, CA	AÂ 92663	ÂX	Â	Â	Â		
Signatures							
Peter B. Jacobson	06/28/200	5					
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* 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).

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.