### Edgar Filing: RICCELLI JOSEPH - Form 4

RICCELLI J	OSEPH										
Form 4	10										
March 23, 20											
FORM	14 UNITED	STATES	SECUR	TTIFS A	ND FXCI	ΗΔΝ	GE C	OMMISSION		PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
if no long	Ter					~	<b></b>		Expires:	January 31, 2005	
subject to Section 1 Form 4 o	F CHAN	GES IN I SECUR		CIAL	ERSHIP OF	Estimated a burden hour response	ed average hours per				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17(a	a) of the l	Public Ut	tility Hold		any .	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type F	Responses)										
RICCELLI JOSEPH Symbo INNC			Symbol INNOV	ATIVE D	Ticker or Ti DESIGNS	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[IVDN]								
(Month				e of Earliest Transaction th/Day/Year) 2/2010				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) CEO/CFO			
SIKEEI, S											
	(Street)			ndment, Da nth/Day/Year)	-			<ul><li>6. Individual or Joi</li><li>Applicable Line)</li><li>_X_ Form filed by O</li></ul>			
PITTSBUR	GH, PA 15215							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	ecuriti	es Acqu	iired, Disposed of,	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/12/2010			S	100,000	D	\$ 0.31	9,369,000	D <u>(1)</u>		
Common Stock								561,000	Ι	See Footnote $(2)$	
Common Stock								240,000	I	See Footnote	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Number		
						Exercisable 1	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	S	Relationships						
1 0	Director	10% Owner	Officer	Other				
RICCELLI JOSEPH 223 NORTH MAIN STREET SUITE 1 PITTSBURGH, PA 15215	X	Х	CEO/CFO					
Signatures								
/s/ Joseph Riccelli	)3/23/2010							

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The Reporting Person intends to use the net proceeds after taxes from the sale of the shares to loan funds to the Company.

(2) Reporting Person is the trustee for two trusts for the benefit of his sons totaling 561,000 shares and 240,000 shares each.

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.

\*\*Signature of

Reporting Person