# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Ì   | pe Response    |  |  |  |                                  |                      |                      |   |                      |   |  | 44 05  |                                       |  |                         |
|---|----------------|--|--|--|----------------------------------|----------------------|----------------------|---|----------------------|---|--|--|---------------------------------------|--|-------------------------|
| 1. Name and Address of Reporting Person * Warner Kellogg L. |                |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TELKONET INC [TKOI] |  |                                  |                      |                      |   |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner   |  |  |                                       |  |                         |
| (Last) (First) (Middle)<br>20800 SWENSON DR. SUITE 175      |                |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2015            |  |                                  |                      |                      |   |                      |   | er (give title belo  | ow)  | Other (specify be                     | elow)  |                         |
| (Street) WAUKESHA, WI 53186                                 |                |  |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                                  |                      |                      |   |                      | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person |  |  |                                       |  |                         |
| (City   | ')             | (State)                                    | (Zip)  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                  |                      |                      |   |                      |   |  |  |                                       |  |                         |
| 1.Title of Security (Instr. 3)                              |                | 2. Transaction<br>Date<br>(Month/Day/Year) |  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                      |                                  | f Code<br>(Instr. 8) |                      | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                      |   | Beneficia  | t of Securities ly Owned Following Transaction(s) and 4) |                                       | Ownership<br>Form:<br>Direct (D)   | Beneficial<br>Ownership |
|   |                |  |  |  |                                  | Code                 | e                    | V Amou  | (A) or (D)           | Price   |  |  |                                       | or Indirect (In (I) (Instr. 4)   | (Instr. 4)              |
| Common  | Stock          |  | 03/24/2015   |  |                                  | P                    |                      | 2,000   |                      | \$<br>0.19  | 15,756   |  |                                       | D  |                         |
|   |                |  |  | erivative Secu   |                                  |                      | th<br>ired,          | ontained<br>ne form di<br>, Disposed                | in this for splays a | rm ar<br>curre<br>reficia   | e not required the not required to the notice of the notic | uired to re<br>d OMB cor                                 | nformation<br>espond un<br>ntrol numb | less   | EC 1474 (9-<br>02)      |
| 1 77:1 0  | l <sub>a</sub> | la m                                       | ,  | .g., puts, calls,  |                                  |                      |                      |   |                      |   |  | lo n: a  | 0.37 1                                | 0 110  |                         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)         | Conversion     | Date Exe<br>(Month/Day/Year) any           | Year) Execution Day  | 4.<br>Transacti<br>Code<br>Year) (Instr. 8)                                      | , if Transaction of Code Derivat |                      | a<br>ve (<br>es<br>d | e (Month/Day/Year)                                  |                      | Am<br>Und<br>Sec  | nount of<br>derlying<br>curities<br>str. 3 and   |  | ,                                     | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | ))                      |
|   |                |  |  |  |                                  |                      | I                    | Date  | Expiration           | n Tid   | Amount<br>or<br>e Number   |  |                                       |  |                         |

### **Reporting Owners**

| Burnetin Omer Name / Address   | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |  |
| Warner Kellogg L.<br>20800 SWENSON DR. SUITE 175<br>WAUKESHA, WI 53186 | X             |           |         |       |  |  |

#### **Signatures**

| /s/ Kellogg Warner            | 03/24/2015 |
|-------------------------------|------------|
| Signature of Reporting Person | 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).
- (1) Table I, Item 4 -- Represents purchase by the reporting person on the open market per Rule 10b 5-1.

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.