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

| OMB APP | ROVAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| hours per respor | ise 0.5 | | | | |

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

| | pe Response | 20) | | | | | | | | | | | | |
|--|-------------|------------------|---|---|---|----------------------|---|--|------------------------------|--|-------------|---|---|---|
| Name and Address of Reporting Person * Tienor Jason | | | 2. Issuer Name and 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) 20800 SWENSON DR. SUITE 175 | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015 | | | | | X Officer (give title below) Other (specify below) President & CEO | | | | | | |
| (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 Person Form filed by More than One Reporting Person | | | | | | |
| (City | | (State) | (Zip) | Т | able I - Non | -Deri | vative Se | curities | Acquir | red, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Ye | if Code (Instr. 8) | f Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Following n(s) | Form: | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | V | Amount | (A) or (D) | Price | | | or Indirect (In (Instr. 4) | | (Instr. 4) |
| Common | Stock | | 09/15/2015 | | P | | 2,000 (1) | A (| \$ 0.238 | 1,306,21 | 13 | | D | |
| Reminder: indirectly. | Report on a | separate line fo | r each class of secu | nrities beneficially | | Pers | ons who | this fo | rm are | e not req | uired to re | nformation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| | | | | Derivative Securi | • | | • | * | | ly Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | (Month/Day/ | on 3A. Deemed Execution Da any | 4. Transactio Code Year) (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) | 6. D | Expiration Date onth/Day/Year) A UU S (I | | 7. Ti Amo Unde Secu | Title and mount of nderlying ecurities nstr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivativ Security: Direct (Dor Indirect) | Ownership (Instr. 4) O) |
| | | | | | (Instr. 3, 4, and 5) | | | | | | | (Instr. 1) | (IIIstr. 4 |) |

| Burnella Omera Name / Address | Relationships | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Tienor Jason 20800 SWENSON DR. SUITE 175 WAUKESHA, WI 53186 | X | | President & CEO | | | |

Signatures

| /s/ Jason Tienor | 09/15/2015 |
|-------------------------------|------------|
| 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.