FORM 3

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

### INITIAL STATEMENT OF 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

(Print or Type Responses)								
Person * Statement BYRNES ARTHUR E (Month/Day/		nent :h/Day/Year	1	3. Issuer Name <b>and</b> Ticker or Trading Symbol TELKONET INC [TKOI]				
(Last) (First) (Midd C/O TELKONET, INC., 2080 SWENSON DR. SUITE 175	le)	/2016		Person(s) to 1 (Check	all applicable)	Fi	C T 1: 11 1 T 1 //C	
(Street) WAUKESHA, WI 53186			<u>ti</u>	_X Director Officer (gi	ive 10% O Other ( below)	specify 6. Fi		
(City) (State) (Zip	))	Table I - Non-Derivative Securities Beneficially Owned					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)		
Common Stock, par value \$0.001			698,000		D			
not required number.	o respond t to respond	to the coll d unless t	ection of i he form di	nformation splays a c	n contained i urrently valid	n this fo	ontrol	
1. Title of Derivative Security (Instr. 4)	2. Date Exer	Oate Exercisable Expiration Date		3. Title and Amount of Securities Underlying Derivative Security		5. Ownershi	rship	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	or Exercise Price of Derivative Security	Deriva	ative ity: t (D) irect	
Employee Stock Option (right to buy) (1)	<u>(2)</u>	<u>(3)</u>	Common Stock	100,000	\$ 0.19	1	D	
Reporting Owners								
Reporting Owner Name / Add	ress		tionships	er Other				

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BYRNES ARTHUR E C/O TELKONET, INC. 20800 SWENSON DR. SUITE 175 WAUKESHA, WI 53186	X					

# Signatures

**Signature of Reporting	Date
Person	

# **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) Options granted pursuant to the 2012 Board of Directors Compensation Policy.
- (2) Options vest quarterly over 5 years.
- (3) This optin expires on the earlier of the ten year anniversary or one year from employment separation.

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.