

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO\	/AL
OMB	3235-
Number:	0104
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burden hours per	
response	0.5

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)								
1. Name and Address of Reporting Person * Blatt Leland D.	Staten (Mont	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2016		3. Issuer Name and Ticker or Trading Symbol TELKONET INC [TKOI]				
(Last) (First) (Middl 20800 SWENSON DR. SUITI 175	le)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) WAUKESHA, WI 53186			<u>-</u> <u>t</u>	Officer (give title below)  Officer (give below)			C T 1: 11 1 T 1 1/0	
(City) (State) (Zip	))	Ta	ble I - No	n-Derivat	ive Securitie	s Benefic	cially O	wned
1.Title of Security (Instr. 4)		Bei	Amount of S neficially Onstr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature Ownership (Instr. 5)		ct Beneficial
Common Stock par value \$0.0	01	50	0,000		D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 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.								
Table II - Derivative S	ecurities Be	neficially O	) )wned ( <i>e.g.</i> ,	puts, calls,	warrants, opt	ions, conv	ertible s	ecurities)
1. Title of Derivative Security 2. Dat		rcisable on Date ar)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			5. Owner Form of Deriva	ship 6 B (I	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Securit Direct or Indi (I) (Instr.	(D) rect	
Employee Stock Option (right to buy) (1)	(2)	<u>(3)</u>	Common Stock	100,000	\$ 0.19	Г	)	
Reporting Owners  Relationships								

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Blatt Leland D. 20800 SWENSON DR. SUITE 175 WAUKESHA, WI 53186	X					

## Signatures

/s/ Leland D. Blatt	07/13/2016	
**Signature of Reporting Person	Date	

## **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 option 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.