FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 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

Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * BYRNES ARTHUR E				2. Issuer Name and Ticker or Trading Symbol TELKONET INC [TKOI.OB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O TELKONET, INC., 20800 SWENSON DR. SUITE 175				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2017								r (give title belo		Other (specify b	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 Person _Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	nstr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Code (Instr. 8)	de str. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securit Beneficially Owned I Reported Transaction (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Stock		09/30/2017			A		52,18	6 A	(1)	1,845,70)9		D	
indirectly.	Report on a	separate fine fo	or each class of secu Table II - L	Derivative Sec			Pers cont the f	ons whained i	n this for splays a	m ar curre	e not req	uired to re d OMB cor	formation espond unl ntrol numb	ess	EC 1474 (9- 02)
	_			g., puts, calls						— <u> </u>					
Security	Conversion	3. Transaction Date (Month/Day/	Year) Execution Da	tte, if Transaction Code Year) (Instr. 8)		5. Number 6. D and Derivative (Mo Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date		Am Und Sec	,	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (l or Indire	Ownership (Instr. 4) O)
				Code	V	(A) (D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

Boundary Owner Vallage	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

/s/ Arthur E Byrnes	10/02/2017
**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).

Item 4, Table I -- Shares issued pursuant to the Telkonet, Inc. director compensation policy pursuant to which non-employee directors are compensated Three Thousand Dollars (\$3,000) per month to be accrued and paid through the issuance of unrestricted Telkonet, Inc. common stock, par value, \$0.001, each monthly component to be

(1) valued at the closing price of the Company's common stock as of the 15th of such month (or as of the next succeeding business day if such date is not a trading date) rounded down to the nearest whole share. The shares reported here are for service in the months of July, August and September are priced at \$0.19, \$0.17 and \$0.16 per share, the closing price of a share of common stock on July 17, 2017, August 15, 2017 and September 15, 2017, respectively.

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.