

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | |
|-------------------|-------|--|--|
| OMB | 3235- | | |
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| 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 * LEDWICK TIM S | Statement (Month/Day | | | ~ | 3. Issuer Name and Ticker or Trading Symbol TELKONET INC [TKOI] | | | | |
| (Last) (First) (Middl 10200 INNOVATION DR., #3 (Street) MILWAUKEE, WI 53226 | e) | | | Person(s) to I (Check _X_ Director | Officer (give Other (specify | | | 5. 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 |) | Tal | ble I - | - Non-Derivati | ve Sec | urities | Bene | eficially | Owned |
| 1.Title of Security (Instr. 4) | | 2. Amount of Beneficially ((Instr. 4) | | t of Securities lly Owned | Form: I (D) or Indirec | Ownership Orn: Direct (Instr. 5) | | lirect Beneficial | |
| Common Stock par value \$0.001 0 (1) | | | 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. | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisal and Expiration D (Month/Day/Year) | Expiration Date Securities | | ele and Amount of rities Underlying vative Security | 4. Conversion or Exercise Price of | | 5. n Owne e Form | nership | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Expi Exercisable Date | ration | Title | Amount or Numb of Shares | Sec | ivative urity | Dire or In (I) | urity: ect (D) ndirect tr. 5) | |
| Poporting Owners | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| LEDWICK TIM S 10200 INNOVATION DR., #300 MILWAUKEE, WI 53226 | X | | | | | |

Signatures

| /s/ James J. Schilling, power of attorney | 05/02/2012 |
|---|------------|
| **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) No shares beneficially owned as of the date of election to the Board of Directors', April 25, 2012.

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.

POWER OF ATTORNEY

Know all men by these presents that the undersigned hereby constitutes and appoints Richard E Mushrush and James J. Schilling, Jr., and each of them, his true and lawful attorney-in-fact to:

- (1) execute for and on behalf of the undersigned, in the undersigned's capacity as a director of Telkonet, Inc., Forms 3, 4 and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended (the "1934 Act") and the rules thereunder:
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, Forms 4 or Forms 5 and timely file such form and any amendments thereto with the United States Securities and Exchange Commission and any other authority; and
- (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned; pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in his or her discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the 1934 Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, Forms 4 and Forms 5 with respect to the undersigned's holding of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 27th day of April, 2012.

| JACQUELYN J. PURDY | /s/ Tim S. Ledwick |
|----------------------------------|--------------------|
| Notary Public | Signature |
| My Commission Expires 04/30/2015 | |
| | Tim S. Ledwick |
| /s/ Jacquelyn J. Purdy | Printed Name |