(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Thin of Type Response	~)											
1. Name and Address of Reporting Person – Garland Glenn A			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)		3. Date of Earliest Tr	ansaction (Mont	h/Day/Ye	ar)		Officer (give title below)	ther (specify belo	ow)	
10200 INNOVATIO	ON DRIVE, SUI	FE 300	10/01/2012									
	(Street)		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			
MILWAUKEE, WI	53226											
(City)	(State)	Ta	able I - Nor	1-Der	ivative S	ecurities	ired, Disposed of, or Beneficially Owned					
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed o	of (D)	Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)		(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)		Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	· · ·	Ownership	
										or Indirect	(Instr. 4)	
				~ .			(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		
Reminder: Report on a	separate line for eac	h class of securities	beneficially owned	directly or i	indire	ctly.						
				F	Perso	ons who	respon	d to t	he collection of information	SEC	1474 (9-02)	

Persons who respond to the collection of information	SEC
contained in this form are not required to respond unless the	
form displays a currently valid OMB control number.	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	r of	6. Date Exer	cisable	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative	;	and Expirati	on Date	of Underly	ing	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)				(Month/Day/Year) Secu				Security	Securities	Form of	Beneficial		
· · · ·	Price of		(Month/Day/Year)	(Instr. 8)		Acquired	· ·	(Instr. 3 and 4)		· · · ·		Derivative			
	Derivative					or Dispose	ed					Security:	(Instr. 4)		
	Security					of (D)							0	Direct (D)	
						(Instr. 3, 4	,						1	or Indirect	
						and 5)			1		1		Transaction(s)		
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	Title	or				
				Celle	v			Exercisable	Date		Number				
				Code	v	(A)	(D)				of Shares				
Employee															
Stock										a					
Option	\$ 0.187	10/01/2012		А		100.000		(2)	<u>(3)</u>	Common Stock	100.000	\$ 0	100.000	D	
(right to						,				Stock			,	_	
buy) (1)															

Reporting Owners

Demontine Operation News (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Garland Glenn A 10200 INNOVATION DRIVE SUITE 300 MILWAUKEE, WI 53226	х						

Signatures

/s/ James J. Schilling, power of attorney	10/03/2012
**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) 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.