# Check this box if no

longer subject to

Section 16. Form 4 or

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment may continue. See Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person * Sobieski Jeff |   |                                      |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TELKONET INC [TKOI.OB] |   |   |            |  |  | 5.  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Chief Technology Officer |                                 |  |  |   |
|---|---|--------------------------------------|---|---|---|---|------------|--|--|---|--|---------------------------------|--|--|---|
| (Last) (First) (Middle)<br>20800 SWENSON DR. SUITE 175  |   |                                      |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017               |   |   |            |  |  |   |  |                                 |  |  |   |
| (Street) WAUKESHA, WI 53186                             |   |                                      |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                      |   |   |            |  |  |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person                   |                                 |  |  |   |
| (City) (State) (Zip)                                    |   |                                      | Table I - Non-Derivative Securities Acqu  |   |   |   |            |  | es Acquire   | ired, Disposed of, or Beneficially Owned                |  |                                 |  |  |   |
| 1.Title of Se<br>(Instr. 3)                             | curity  |                                      | 2. Transaction<br>Date<br>(Month/Day/Year | 2A. Dec<br>Executi<br>any<br>(Month                                       | on Dat                                      | re, if Code (Inst   | e          | (A<br>(In  | Securities Acc) or Disposed str. 3, 4 and 5  (A) or One (D)                          | of (D) Ov<br>5) Tr<br>(Ir                               | Amount of So<br>wned Followin<br>ansaction(s)<br>sstr. 3 and 4)  |                                 |  | Ownership<br>Form:   | Beneficial<br>Ownership                           |
|   |   |                                      |   |   |   |   |            |  |  |   | collection o<br>to respond   |                                 |  | ed SEC I   | 474 (9-02)  |
|   |   |                                      | Table II -                                |   |   |   | quir       | displays   | a currently<br>ed of, or Ben   | valid OM<br>eficially O                                 | B control n  | umber.                          |  |  |   |
| Derivative<br>Security                                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if          | 4.<br>Transact  | s, calls<br>5.<br>tion De<br>Se<br>Ac<br>Di | Number of erivative ecurities cquired (A isposed of nstr. 3, 4, a | quires, op | displays   | a currently ed of, or Ben vertible secur ercisable ation Date                        | eficially Orities) 7. Title and                         | wned d Amount of g Securities  | 8. Price of                     | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | Ownersh<br>Form of   | )   |
| Derivative<br>Security                                  | Conversion<br>or Exercise<br>Price of<br>Derivative                   | Date                                 | 3A. Deemed<br>Execution Date, if<br>any   | 4.<br>Transact  | s, calls 5. tion Se Ac Di (Ir               | Number of erivative ecurities cquired (A isposed of nstr. 3, 4, a | quires, op | ed, Dispos<br>tions, con<br>6. Date Ex<br>and Expira | a currently ed of, or Ben vertible secure ercisable tition Date ay/Year)  Expiration | eficially Orities) 7. Title and Underlying (Instr. 3 ar | wned d Amount of g Securities  | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following             | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | of Indirect<br>Beneficia<br>Ownersh<br>(Instr. 4) |

| P # 0 N ///  | Relationships |           |                          |       |  |  |  |
|--|---------------|-----------|--------------------------|-------|--|--|--|
| Reporting Owner Name / Address                                     | Director      | 10% Owner | Officer                  | Other |  |  |  |
| Sobieski Jeff<br>20800 SWENSON DR. SUITE 175<br>WAUKESHA, WI 53186 |               |           | Chief Technology Officer |       |  |  |  |

## **Signatures**

| /s/ Jeffrey J. Sobieski         | 04/06/2017 |
|---------------------------------|------------|
| **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).
- (1) Options granted pursuant to officers Amended and Restated Employment Agreement dated 01/03/2016.
- (2) Options vest annually over 3 years or upon sale of Company defined in Exhibit A of Restated Employment Agreement dated 01/03/2016.
- $\textbf{(3)} \ This \ option \ expires \ on \ the \ earlier \ of \ the \ ten \ year \ anniversary \ or \ one \ year \ from \ employment \ separation.$

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.