FORM 4

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

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

Check this box if no 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) 12/31/2017								r (give title belo	ow)	Other (specify be	low)
(Street) WAUKESHA, WI 53186			4. If	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, Dispo						posed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Execution Execut	2A. Deemed Execution Date, if any (Month/Day/Year		f Code (Instr. 8)		ion 4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		Benefici Reported		cially Owned Following ed Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership	
						Code V		V A	Amount (A) or (D) Price		Price	e			(I) (Instr. 4)	(Instr. 4)
Common	Stock		12/31/2017		A		A	6	3,750) A	<u>(1)</u>	1,909,45	59		D	
Reminder: indirectly.	Report on a	separate line	for each class of s	- Deriva	ative Securiti	ies Ac	quire	Persor contain the for d, Disp	ned ir m dis osed o	this for plays a o of, or Bene	m are curre eficial	not req	uired to re d OMB cor	nformation espond un ntrol numb	less	C 1474 (9- 02)
1. Title of	2.	3. Transactio	on 3A. Deem		4.			6. Date			T	tle and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security	or Exercise (Month/Day/Year) any		Year) Execution any	Date, if	te, if Code Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		vative rities ired r osed) . 3,	and Expiration Date (Month/Day/Year)		Amo Unde Secu	ount of erlying irities r. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownersh (Instr. 4)	
								Date Exercis		Expiration Date	Title	Amount or Number of				

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	01/02/2018
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).

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 valued at the closing

(1) 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 October, November and December are priced at \$0.15, \$0.16 and \$0.12 per share, the closing price of a share of common stock on October 16, 2017, November 15, 2017 and December 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.