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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| ours per respon | se 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

| Name and Address of Reporting Person * PAONI ANTHONY J | | | 2. Issuer Name and Ticker or Trading Symbol TELKONET INC [TKOI.OB] | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | | | |
|--|------------------|--|---|--|---------------------------------------|---|--|---|--|---|----------------------|--|--|--|
| (Last) (First) (Middle) 10200 INNOVATION DR. #300 | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2010 | | | | - | Office | r (give title belo | ow) | Other (specify b | elow) | | |
| (Street) MILWAUKEE, WI 53226 | | | 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 Acqu | | | | cquir | uired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, it any (Month/Day/Year | Code (Instr. 8) | (| (A) or Disposed of (Instr. 3, 4 and 5) | | (D) Beneficia | | ant of Securities ally Owned Following d Transaction(s) and 4) | | Ownership of Form: Direct (D) | Beneficial Ownership | |
| | | | | | Code | V | Amount | (A) or (D) | Price | ce | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | (| 08/06/2010 | | A | 4 | 483,333 | A | <u>(1)</u> | 483,333 | | | D | |
| Reminder: indirectly. | Report on a | separate line fo | r each class of secu | urities beneficially | owned dire | | | | al 4 a 4 | | -4:6: | - f + i | CI | C 1474 (0 |
| | Report on a | separate line fo | Table II - I | Derivative Securit | ies Acquir | Perso conta the fo | ined in to orm disp posed of, | this form lays a c | m are currer | not req | uired to re | nformation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| indirectly. 1. Title of | 2. Conversion | 3. Transaction | Table II - I (a 3A. Deemed Execution Da (any) | <u> </u> | ies Acquir arrants, op 5. Numbe | Perso conta the fo ed, Disp tions, or 6. Data and E | ined in to orm disp posed of, convertib | this formulays a construction or Bene securion sable Date | eficiallities) 7. Tir Amo Under | not required by Owned the and unt of erlying | uired to red OMB con | espond unl | of 10. Ownersl Form of Derivati Security Direct (I or Indire | 11. Nature of Indire Benefici Ownersh (Instr. 4) |

| Daniel Communication (Additional | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| PAONI ANTHONY J 10200 INNOVATION DR. #300 MILWAUKEE, WI 53226 | X | | | | | |

Signatures

| Anthony J. Paoni | 08/10/2010 |
|---------------------------------|------------|
| **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) Shares issued for director services from April 2007 through July 2010. The reported securities are included within 483,333 Units purchased by the reporting person for \$0.36 per Unit.

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.