| FORM 4 | • |
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| 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

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02)

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

| (Find of Type Responses) | | | | | | | | | | | | |
|--|----------------------------|--------------------------|--|--|---|--|---|------------|---|------------------|-------------------------|--|
| 1. Name and Address of Reporting Person – PAONI ANTHONY J | | | 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) (I 10200 INNOVATION | ^{First)} DR. #300 | (Middle) | 3. Date of Earliest 7 08/25/2011 | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2011 | | | | | Officer (give title below) | 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) (S | State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) | Execution Date, if | Code (Instr. 8) | v | (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |
| Common Stock | | 08/25/2011 | | S | | 20,000 | D | \$ 0.16 | 783,135 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-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.

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

| | (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |
|-------------|---|------------------|--------------------|-------------|------|---------|--------------|------------|--------|---------|-------------|----------------|-------------|-------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | 5.1 | Jumber | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transaction | ı of | | and Expirati | on Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | Der | ivative | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Sec | urities | | | Secu | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | Ac | quired | | | (Instr | : 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | (A) | or | | | 4) | | | 0 | Direct (D) | |
| | | | | | Dis | posed | | | | | | Reported | or Indirect | |
| | | | | | of (| D) | | | | | | Transaction(s) | (I) | |
| | | | | | | str. 3, | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | 4, a | nd 5) | | | | | | | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | Exercisable | | Title | Number | | | | |
| | | | | | | | Excicisable | Date | | of | | | | |
| | | | | Code V | (A |) (D) | | | | Shares | | | | |

Reporting Owners

| Describe Open News (Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| PAONI ANTHONY J 10200 INNOVATION DR. #300 MILWAUKEE,, WI 53226 | Х | | | | | | | |

Signatures

/s/ James J. Schilling by Power of Attorney Signature of Reporting Person

08/31/2011 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).

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.