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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### 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 of Type Responses)											
1. Name and Address of Reporting Person – Koch Matthew	2. Issuer Name and TELKONET IN		ading Syn	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 10200 INNOVATION DRIVE #300	3. Date of Earliest 04/02/2012	Transaction (M	onth/Day/	Year)	X  Officer (give title below)  Other (specify below)    Executive V.P. Of Operations						
(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Ye					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
MILWAUKEE, WI 53226					Form filed by More than One Reporting Person						
(City) (State) (Zip)	т	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security 2. Transact	ion 2A. Deemed	3. Transaction	1 4. Secu	rities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature			
(Instr. 3) Date	Execution Date, if	Code	(A) or 1	Disposed of	of (D)	Owned Following Reported	Ownership	of Indirect			
(Month/Da	y/Year) any	(Instr. 8)	(Instr. 3	, 4 and 5)		Transaction(s)	Form:	Beneficial			
	(Month/Day/Year)	)				(Instr. 3 and 4)	Direct (D)	Ownership			
							or Indirect	(Instr. 4)			
				(A) or			(I)				
		Code V	/ Amoun	t (D)	Price		(Instr. 4)				

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

Persons who respond to the collection of information SEC 1474 (9-02) 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. Numb	er	6. Date Exer	cisable	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	Transaction of		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	/e	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securities		× /		Beneficially	Derivative	Ownership			
	Derivative							(Instr. 3 and 4)				Security:	(Instr. 4)		
	Security					(A) or					0	Direct (D)			
							posed of			1	or Indirect				
						(D) (Instr. 3,	4				Transaction(s) (Instr. 4)	(1) (Instr. 4)			
						(1130.5) and 5)	4,				(IIISU. 4)	(11150.4)			
						und 5)		-							
											Amount				
								Date	Expiration Data	Title	or Number				
								Exercisable	Date	THE	of				
				Code	v	(A)	(D)				Shares				
Employee															
Stock															
Option	\$ 0.185	04/02/2012		А		74,493		(2)	<u>(3)</u>	Common	74 493	\$ 0	74,493	D	
(right to	φ 0.105	0-1/02/2012		11		, 1, 1) 5				Common	, 1, 1, 5	ψŪ	/ 1, 195	D	
buy) (1)															

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Koch Matthew 10200 INNOVATION DRIVE #300 MILWAUKEE, WI 53226			Executive V.P. Of Operations				

### **Signatures**

/s/ Matthew Koch	04/03/2012
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 Senior Management Executive Incentive Plan.

(2) Options vest immediately.

(3) This option expires on the earlier of the ten year anniversary or 180 days 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.