# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated averag	ge burden				
hours 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

1. Name and Address of Reporting Person * KROSS PETER T			2. Issuer Name and Ticker or Trading Symbol TELKONET INC [TKOI]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) 20800 SWENSON DR. SUITE 175			3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017						r (give title belo		ther (specify be	low)	
(Street) WAUKESHA, WI 53186			4. If Amendment, Date Original Filed(Month/Day/Year)				)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	·)	(State)	(Zip)	Table I - Non-Derivative Securities Acq			Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(A) (D)	tion 4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)				Following (s)	Ownership Form: Direct (D)	Beneficial Ownership
					Code	V An	(A) or (D)	Price			(	or Indirect (I) Instr. 4)	Instr. 4)
Common	Stock		12/30/2016		A	98	,175 A	<u>(1)</u>	4,566,05	55	]	)	
	Report on a	separate line fo	r each class of secu	rities beneficially o	wned direc	ctly or							
Reminder: indirectly.	Report on a	separate line fo	Table II - D	nities beneficially o  perivative Securitie  22., puts, calls, war	es Acquire	Persons containe the form	displays a	orm ar curre	e not required in the second i	uired to re	nformation espond unle ntrol numbe	ss	C 1474 (9- 02)
indirectly.  1. Title of		3. Transaction	Table II - D (e  3A. Deemed Execution Da (any)	Derivative Securitic 2.g., puts, calls, war 4. Transaction Code Year) (Instr. 8)	es Acquire	Persons contained the form d, Dispositions, con 6. Date I and Exp	ed in this for displays a	neficia urities) 7. T Am Uno Sec	e not req ently valid lly Owned	uired to red OMB con	spond unle	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturi of Indired Beneficial Ownersh (Instr. 4)

B	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KROSS PETER T 20800 SWENSON DR. SUITE 175 WAUKESHA, WI 53186	X					

# **Signatures**

/s/ Peter T. Kross	01/17/2017
**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).

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

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 July, August, September, October, November and December and are priced at \$0.20, \$0.22, \$0.20, \$0.19, \$0.16 and \$0.15 per share, the closing price of a share of common stock on July 15, 2016, August 15, 2016, September 15, 2016, October 17, 2016, November 15, 2016 and December 15, 2016, 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.