FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

VVd3/iii/gt0/1, D.O. 200-40

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* PARKINSON JOE | | | | | 2. | | | | | | | | | | 5. R | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
|---|---|--------------|--|------------|------------|---|------|---|-----------------|--|----------|--|---|---|--|--|---|--|---|---|---|--|
| | | | | | 8 | | | | | | | | | | Ι, | | all applicable) | | | | | |
| 171144 | 1100110 | <u>or</u> | | | | | | | | | | | | | | - | irecto | | | 10% Ow | · | |
| (Last) 810 W M | (MAUDE A | First) VE | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) 1/12/2009 | | | | | | | | | | | fficer elow) | (give title | | Other (s below) | pecify | |
| | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) SUNNY | VALE (| CA | 94085 | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | Person | | | | | |
| | | Ta | ble I - No | n-Der | ivativ | ve Se | ecur | ities Ac | quire | d, D | isp | osed o | of, or | Ber | neficially | y Ow | ned | | | | | |
| Date | | | | Date | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Secu Bene Owne | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | e V | | Amount | | | | | | (A) or (D) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | | | | | |
| Common Stock | | | | | 11/12/2009 | | | | | | | 100,000 | | A | \$0.87 | 7 | 1,456,568 | | D | | | |
| Common Stock | | | 11/ | 11/12/2009 | | | | М | | | 1,000 | 0 | A | \$0.96 | 5 | 1,456,568 | | D | | | | |
| | | | Table II - | | | | | ies Acq /arrants | | | | | | | | Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion Date (Month/Day/Year Price of Derivative Security | | 3A. Deemed Execution D if any (Month/Day/ | ate, | | ransaction Code (Instr. | | Derivative | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Sec Under Deriva | | 7. Title and Amoun of Securities Jnderlying Derivative Security Instr. 3 and 4) | | Deriv | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | | | Date Exercis | able | Ex Da | piration te | Title | Am or Nui Title of S | | s | | Transacti (Instr. 4) | on(s) | | | |
| Employee Stock Option (rigt to buy) | \$0.87 | 11/12/2009 | | | M | | | 100,000 | 01/27/2 | 2009 | 09/ | /20/2018 | Com: Sto | | 100,000 | \$ | 0 | 1,456,5 | 568 | D | | |
| Employee Stock Option (right to buy) | \$0.96 | 11/12/2009 | | | М | | | 1,000 | 11/20/2 | 2005 | 11 | /20/2011 | Comi | | 1,000 | \$ | 0 | 1,456,5 | 568 | D | | |

Explanation of Responses:

/s/ Joe Parkinson

11/13/2009

** Signature of Reporting Person

Date

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

- * 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.

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 Number.