Iveda Solutions, Inc. Form 4 October 27, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Farnsworth Joe

2. Issuer Name and Ticker or Trading Symbol

Iveda Solutions, Inc. [IVDA.OB]

5. Relationship of Reporting Person(s) to

Issuer

(First) (Middle) (Last)

3. Date of Earliest Transaction

X\_ Director 10% Owner

6. Individual or Joint/Group Filing(Check

(Check all applicable)

1201 SOUTH ALMA SCHOOL

ROAD, SUITE 8500

(Street)

(Instr. 8)

Officer (give title Other (specify below)

4. If Amendment, Date Original Filed(Month/Day/Year)

(Month/Day/Year)

10/23/2014

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

MESA, AZ 85210

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

(A) or

(Instr. 3, 4 and 5)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise any

4. 5. Number of **TransactionDerivative** Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

#### Edgar Filing: Iveda Solutions, Inc. - Form 4

| (Instr. 3)                    | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed (D) (Instr. 3, 4, and 5) |                        |                    |                 |                                     |
|-------------------------------|------------------------------------|------------|------------------|------------|---|------------------------|--------------------|-----------------|-------------------------------------|
|                               |                                    |            |                  | Code V     | / (A) (Г  | D) Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of Shares |
| Warrants<br>(Right to<br>buy) | \$ 1.1                             | 10/24/2011 |                  | Е          | 47,500  | 10/24/2011             | 10/24/2014         | Common<br>Stock | 47,500                              |
| Warrants (Right to buy)       | \$ 1.1                             | 10/23/2014 |                  | A          | 47,500  | 10/23/2014             | 10/24/2017         | Common<br>Stock | 47,500                              |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |
| Farnsworth Joe<br>1201 SOUTH ALMA SCHOOL ROAD<br>SUITE 8500<br>MESA, AZ 85210 | X             |           |         |       |  |  |

## **Signatures**

/s/ Gary J. Kocher, by Power of Attorney 10/27/2014

\*\*Signature of Reporting Person

# **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).

Date

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.

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