FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| 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).

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 or Ty | pe Response | es) | | | | | | | | | | | | | | |
|---|---|---|---------|------|--|---|----------------|--|---|--------------------|--|----------------------------------|-------|--|---------------------------------------|---|
| 1. Name and Address of Reporting Person *- HOROWITZ COREY M | | | | | 2. Issuer Name and Ticker or Trading Symbol NETWORK 1 SECURITY SOLUTIONS INC [NSSI.PK] | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director | | | | | |
| (Last) (First) (Middle) C/O CMH CAPITAL MANAGEMENT CORP., 445 PARK AVENUE, SUITE 1028 (Street) NEW YORK, NY 10022 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | ar) any | | n Date, if | | nsaction 8) | (A) | 1. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5) | | 5. Amount of Se Owned Followin Transaction(s) | | | Ownership of Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Mor | nth/D | Day/Year) | Coo | de V | Amo | (A) or ount (D) | Price | (Instr. 3 and 4) | | (| Direct (D) Or Indirect (I) Instr. 4) | wnership nstr. 4) |
| 1. Title of Derivative Security (Instr. 3) | f 2. 3. Transaction 3A. Deemed Execution Date, i or Exercise Price of (Month/Day/Year) (Month/Day/Year) | | | | tion | 5. Number of Derivative Securities Acquired (A) or | | Expiration Date (Month/Day/Year) Under | | | 7. Title | e and Amount of 8. Price | | of 9. Number of Derivative Securities Beneficially | Ownership Form of Derivative | 11. Natur of Indirec Beneficia e Ownersh |
| | Derivative Security | | | | | Disposed of (D) (Instr. 3, 4, and 5) | | | | | | | | Owned Following Reported | Security: Direct (D or Indirect | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | Transaction((Instr. 4) | (I) (Instr. 4) | |
| Option to Purchase Common Stock | 1 | 12/22/2003 | | A | | 1,084,78 | 2 | (1) | 1 | 12/22/2008 | Comn Stoc \$.01 p value shar | k, par 1,084,782 per | 2 (2) | 1,084,782 | 2 D | |
| Option to Purchase Common | 1 | 12/22/2003 | | A | | 515,218 | 3 | 12/22/2 | .003 | 12/22/2008 | Comn Stoc \$ \$.01 p | k, par 515,218 | (2) | 515,218 | D | |

Reporting Owners

| Donation Community / Address | Relationships | | | | | |
|---|---------------|-----------|------------------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| HOROWITZ COREY M C/O CMH CAPITAL MANAGEMENT CORP. 445 PARK AVENUE, SUITE 1028 NEW YORK, NY 10022 | X | X | CEO and Chairman | | | |

Signatures

| / | s/ Horowitz, Corey M. | 12/24/2003 |
|---|-------------------------------|------------|
| | 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) The shares underlying the Option vested on the date of the grant with respect to 434,782 shares and shall vest with regard to 250,000 shares on December 22, 2004, 200,000 shares on December 22, 2005 and an additional 200,000 shares on December 22, 2006.
- (2) The option was granted in consideration for services rendered to the Issuer.

Remarks:

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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