# FORM 4

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

OMB APPROVAL
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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 Type	Response	s)																
1. Name and Address of Reporting Person * LIEBER SETH				NE'	2. Issuer Name and Ticker or Trading Symbol NETWORK 1 SECURITY SOLUTIONS INC [NSSI.OB]							INC	Direct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 80 CUTTERMILL ROAD STE 302					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2005							)						
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line)				
GREAT NECK, NY 11021														_X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City)		(State)	(Zip)			Ta	ble I - I	Von-	Der	ivative S	ecuriti	ies Ac	equired, Disp	osed of, or l	Beneficia	lly Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Execu r) any	Execution Date, if any (Month/Day/Year) (Code (Instr. 8)			(D) (Instr. 3, 4 and 5) (A) or			Beneficially Reported T (Instr. 3 and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I)	hip India Bend Owr ect (Inst	eficial ership			
Common St	tock						Code	e	V	Amount	(D)	Pric	34,136			(Instr. 4	.)	
Common St	tock		02/15/2005				S			22,700	D	\$ 1.15	,			I (1)		eatley eners,
Common St	tock		02/15/2005				S			2,000	D	\$ 1.15	16,868			I (1)	For	eatley eign eners,
Common Stock 02		02/15/2005				S			80,300	D	\$ 1.15	1,350,207	07 I (1)			eatley ners II,		
Common Stock		02/17/2005				S			70,000	D	\$ 1.15	1,280,207	7		I (1)		eatley eners II,	
Common St	tock												106,809			I (1)		olegreen
Reminder: Re indirectly.	eport on a s	separate line	for each class of	securities	beneficia	ally	owned				no res	pond	I to the colle	ection of in	nformatio	on	SEC	1474 (9-
													n are not requirently valid					02)
			Table II	- Deriva	ative Sec	uriti	ies Aca	uire	d. D	oisposed (	of, or H	Benefi	icially Owned	l				
1 774		2		(e.g., p	uts, calls		arrants	, opt	ions	s, conver	tible se	curit	ties)	1	0 N1	C 14		11 37.4
(Instr. 3) Pr	conversion	3. Transaction Date (Month/Day)	Execution	Date, if	Code		of	ative ties red sed	and	Oate Exer I Expirati onth/Day	on Date	e .	7. Title and Amount of Underlying Securities (Instr. 3 and 4)  Amount  Amount  8. Price of 9. Number Derivative Derivative Securities Security (Instr. 5)  Beneficiall Owned Following Reported Transaction (Instr. 4)		ve O Fe ally D So on ion(s) (I	wnership orm of erivative ecurity: irect (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Dat Exe	te ercisable	Expira Date	tion ,	Title Number of Shares					

### **Reporting Owners**

Boundary Orange Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

LIEBER SETH			
80 CUTTERMILL ROAD STE 302	X		
GREAT NECK, NY 11021			

#### **Signatures**

/s/ Seth Lieber	02/17/2005
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 reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

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.