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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response .. 0.5

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 Responses)										
1. Name and Address of Reporting Person HOROWITZ COREY M	2. Issuer Name and Ticker or Trading Symbol NETWORK 1 SECURITY SOLUTIONS INC [NSSI-OTC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_DirectorX_10% Owner _X_Officer (give title below)Other (specify below)			
6 BROOKLAWN DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 01/19/2011					CEO & Chairman			
(Street) WESTPORT, CT 06880		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (I		of (D)	5. Amount of Securities Beneficially 6. 7. Na Owned Following Reported Ownership Transaction(s) Form: Bene					
		(Month/Day/Year)	Code	v	Amount (A) or (D) Price		Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, \$.01par value per share	101/19/2011 IVI 110.0001A		\$ 0.68	1,163,085	D (1)					
Common Stock, \$.01 pare value per share								2,042,800	Ι	See Footnote (2)

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

SEC 1474 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	tion of			Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code				(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Secu	urities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acq	uired			(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A)						Following	Direct (D)		
						-	posed of				1	or Indirect			
						(D)					Transaction(s)				
						· ·	tr. 3, 4,				(Instr. 4)	(Instr. 4)			
					-	and	5)								
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
				C 1	* 7	(A)					of				
				Code	V	(A)	(D)				Shares				
Option															
to										Common					
purchase	\$ 0.68	01/19/2011		М			10.000	01/19/2001			10,000	\$ 0	625	D (1)	
common	\$ 0.08	01/19/2011		IVI			10,000	01/19/2001	01/20/2011	SIDCK	10,000	\$U	025		
stock															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
HOROWITZ COREY M 6 BROOKLAWN DRIVE WESTPORT, CT 06880	Х	Х	CEO & Chairman				

Signatures

By: /s/ Corey M. Horowitz	01/21/2011
**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) Represents the exercise by Corey M. Horowitz of non-qualified stock options issued under the Issuer's 1996 Stock Option Plan, as amended.

The shares are owned directly by CMH Capital Management Corp. and indirectly by Corey M. Horowitz. CMH Capital Management Corp. is an entity in which Corey Horowitz is the

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.