(Print or Type Responses)

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

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person *
HOROWITZ COREY M

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading Symbol

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| HOROWITZ COREY M | | | | NETWORK 1 SECURITY SOLUTIONS INC [NSSIOTC] | | | | | | | X | (Check all applicable) _X_ Director | | | | |
|---|-------------|--|---|--|---|--------------|---------------|--|--|--|---------------------------|--|--|--|--|-----------------------|
| (Last) (First) (Middle) 6 BROOKLAWN DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2012 | | | | | | | | CEO | & Chairman | | |
| (Street) WESTPORT, CT 06880 | | | | 4. If Ar | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqui | | | | | | uired, I | red, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Yea | ar) any | utio | n Date, if | Code (Inst | e (A r. 8) (Ir | Securities Acq) or Disposed of str. 3, 4 and 5) (A) or nount (D) | of (D) | Owne Transa (Instr. | | curities Ben g Reported |) F I c | ownership of orm: | eneficial wnership |
| Kemmuer: | report on a | separate fine for eac | Table II | - Deriva | ative | Securitie | s Ac | Persons in this fo | | equire B con ficially | ed to r trol nu | espond u ımber. | | | | 74 (9-02) |
| 1. Title of Derivative Convers: Security (Instr. 3) Price of Derivativ Security | | 3. Transaction Date (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Titl | e | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Option to purchase common stock (right to buy) | \$ 1.19 | 11/01/2012(1) | | A | | 500,000 | | 11/30/2012 [©] | 11/01/202 | | mmon tock | 500,000 | \$ 0 | 0 | D | |

Reporting Owners

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

Signatures

| By: /s/ Corey M. Horowitz | 11/02/2012 |
|-------------------------------|------------|
| 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 options were issued pursuant to an employment agreement, dated November 1, 2012, between the Issuer and the Reporting Person.
- (2) The shares of common stock underlying the option vest on a quarterly basis in equal amounts of 41,667 shares beginning November 30, 2012 through August 31, 2015.

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.