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

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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

(rint of Type Responses)										
1. Name and Address of Reporting Po Greene Jonathan M	erson *	2. Issuer Name and Ticker or Trading Symbol NETWORK 1 TECHNOLOGIES INC [NTIP- OTC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner Officer (give title below)Other (specify below) Executive Vice President			
(Last) (First) 23 TOPAZ LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/18/2014								
(Street) TRUMBULL, CT 06611		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 Acqu						ired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	tion	(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Indirec Form: Beneficia Direct (D) Ownershi	Beneficial Ownership
			Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, \$.01 par value per share	06/18/2014		D	5,800 D \$ 1.91		\$ 1.91	34,481	D		
Common Stock, \$.01 par value per share	06/18/2014	D 1			14,200	D	\$ 1.85	20,281	D	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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	. Num	nber	6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		7. Ti	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n o	f		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect				
Security	or Exercise	(Month/Day/Year)	any	Code	D	Derivat	tive	/e (Month/Day/Year)		Ionth/Day/Year) Underlyin		Security	Securities	Form of	Beneficial				
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	Securit	ies					Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				A	Acquir	ed			(Instr	r. 3 and		Owned	Security:	(Instr. 4)				
	Security				(/	A) or				4)			Following	Direct (D)					
					D	Dispos	sed					Reported	or Indirect						
					0	f(D)							Transaction(s)	(I)					
					(1	Instr. 3	3,						(Instr. 4)	(Instr. 4)					
					4	, and :	5)												
											Amount								
											or								
								Date Ex	Date Expiration	Expiration T	Title	Number							
								Exercisable	Date		of								
				Code V	/ ((A) ((D)				Shares								

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Greene Jonathan M									
23 TOPAZ LANE			Executive Vice President						
TRUMBULL, CT 06611									

Signatures

By: /s/ Jonathan Greene	06/20/2014
**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. 78 ff(a).

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.