FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours 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

| | pe Response | | | | | | | | | | | | | |
|---|---|--------------------------|--|---|---|-------------------------|---|---|--|---------------|---------------------------------|---|--|--|
| 1. Name and Address of Reporting Person - PONS ROBERT M | | | 2. Issuer Name and Ticker or Trading Symbol NETWORK 1 SECURITY SOLUTIONS INC [NSSI.OB] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | |
| (Last) (First) (Middle) 439 WILLIAMSON ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2006 | | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| GLADW | YNE, PA | 19035 | | | | | | | | orm med by iv | iore man one K | eporting reison | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquire | | | | Acquired, | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year |) any | med on Date, if Day/Year) | Code (Inst | e (A r. 8) (I | A) or Disposed of nstr. 3, 4 and 5) (A) or (A) or (B) (A) or (C) (D) | C(D) Own Trans | | ecurities Being Reported | I (| Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership Instr. 4) |
| Reminder: | | | | | | | Persons in this f | orm are not re | quired to | respond | unless the | form | | |
| Reminder: | | | Table II - | | | | in this f display quired, Dispo | | alid OMB | control n | | form | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transaction Code | 5. Num | ber ive ies ed | in this f display quired, Dispo | form are not rest a currently value of, or Benefit execurities and atte | alid OMB | control n | umber. | 9. Number o | Ownersh Form of Derivativ Security: Direct (D or Indirect |)) |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | 4. Transactic Code (Instr. 8) | 5. Num of Derivat Securiti Acquire (A) or Dispose (D) (Instr. 3 | ber ive ies ed | quired, Dispo s, options, con 6. Date Exerc Expiration D | form are not rest a currently value of, or Benefit execurities and atte | cially Own ies) 7. Title ar Amount of Underlying Securities | control n | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(| Ownersh Form of Derivativ Security: Direct (D or Indirects) | of Indirect Beneficial Ownership (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| PONS ROBERT M | | | | | | |
| 439 WILLIAMSON ROAD GLADWYNE, PA 19035 | X | | | | | |

Signatures

| Robert M. Pons | 12/20/2006 |
|-------------------------------|------------|
| 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) On December 20, 2006, Mr. Pons was issued five year options to purchase 50,000 shares at an exercise price per share of \$1.50, which options immediately vest.

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.