FORM 4

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

OMB APP	ROVAL
DMB Number:	3235-0287
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ours per respon	se 0.5

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

(Print or Type Responses)

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

1. Name and Address of Reporting Person * HOROWITZ COREY M				NE	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_ Director				
	H CAPITA	(First) L MANAG: AVENUE, S			Date of Earliest 16/2010	Transaction	on (M	onth/Day	/Year)			CF	EO and Chai	rman	
(Street)			4. If	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					
	ORK, NY 1										Form file	d by More than	One Reporting	Person	
(City	7)	(State)	(Zip)		Tal	ole I - Non	-Deri	vative Se	curities	Acqu	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Ye	Execution Execut	Deemed cution Date, if onth/Day/Year	(Instr. 8)	ction	(A) or D (D)	rities Accorities Accorities Accorities Accorities According 1988	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	Amount	(A) or (D)	Price				(I) (Instr. 4)	
Common per share		1 par value	12/16/2010			S		20,300	D	\$ 1.56	1,252,78	35		D (1)	
Common per share		1 par value									2,042,80	00		I	See Footnote
Common per share		1 par value	12/16/2010			S		42,600	D	\$ 1.6	1,210,18	35		D (1)	
Common per share		1 par value	12/16/2010			S		12,100	D	\$ 1.56	1,198,085			D (1)	
Common per share		1 par value	12/20/2010			G(3)	V	45,000	D	\$ 0	1,153,08	35		D (3)	
Reminder: indirectly.	Report on a	separate line f	or each class of	securities	s beneficially of	owned dire	ctly o	r							
munectry.							cont	ained in	this fo	rm ar	e not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
			Table I		ative Securiti puts, calls, wa							l			
1. Title of Derivative Security (Instr. 3) 2. Conversion Date or Exercise (Month/Day/Yallow) Price of Derivative Security		Year) Execution	ned Date, if	4. Transaction Code (Instr. 8)	5. Number of	6. D	6. Date Exercisable and Expiration Date (Month/Day/Year)			Fitle and acount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	ve Ownership (Instr. 4)	
					Code V	(A) (D)	Date Exer		Expiratio Date	on Titl	Amount or Number of Shares				
Repor	ting O	wners													
						Relation	shins								
F	Reporting O	wner Name /	Address	Dire	ctor 10% Ow				Ot	her					

Signatures

HOROWITZ COREY M

NEW YORK, NY 10022

By: /s/ Corey M. Horowitz	12/20/2010
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C/O CMH CAPITAL MANAGEMENT CORP

445 PARK AVENUE, SUITE 1018

X

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CEO and Chairman

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 sale of a portion of the shares underlying an incentive stock option exercised by Corey M. Horowitz on December 10, 2010.
- (2) 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 sole officer, director and shareholder.
- (3) Represents a gift of securities to two trusts and a custodian account, all for the benefit of the children of the reporting person.

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.