MONEY4GOLD HOLDINGS INC Form 3 August 21, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Rubin Jason Ross | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol MONEY4GOLD HOLDINGS INC [MFGD :OB] | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|------------------------------------------------------|--|
| (Last) (| (First) | (Middle) | 08/19/2008 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| 595 SOUTH FEDERAL HIGHWAY, SUITE 600 | | | | | (Check all applicable) | | | , | |
| (Street) BOCA RATON, FL 33432 | | | | | | X_Director10% C OfficerOther (give title below) (specify below | | Filing(Check Applicable Line) | |
| (City) (| State) | (Zip) | | Table I - N | Non-Derivat | ive Securiti | es Be | neficially Owned | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | | |
| COMMON ST | OCK, PA | R VALU | E \$.0001 | 10,000,000 | 0 | Ι | Repu | blic Metals Corporation | |
| Reminder: Report on a separate line for each class of securities beneficia owned directly or indirectly. Persons who respond to the collection of information contained in this form are not | | | | 3. | EC 1473 (7-02 |) | | | |
| required to respond unless the form displays a currently valid OMB control number. | | | | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | |

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | T.'.4 | Derivative | Security: | |
| | | Title | Security | Direct (D) | |

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| Date | Expiration |
|-------------|------------|
| Exercisable | Date |

Amount or Number of Shares or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|----------------------------------------------------------------------------------|----------------------------------|---------------|-----------|---------|-------|--|
| Trobot string 0 when | Reporting Owner Funite / Redress | | 10% Owner | Officer | Other | |
| Rubin Jason Ross 595 SOUTH FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432 | | X | Â | Â | Â | |
| Signatures | | | | | | |
| /s/ Jason Rubin | 08/21/2008 | | | | | |

**Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.