GLOWPOINT INC

Form 4 August 10, 2007

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * LUSK JAMES S

> (First) (Middle)

C/O MIM CORP, 100

CLEARBROOK RD

ELMSFORD, NY 10523

(Street)

Filed(Month/Day/Year)

3.

2. Issuer Name and Ticker or Trading Symbol

GLOWPOINT INC [GLOW.PK]

3. Date of Earliest Transaction (Month/Day/Year)

08/09/2007

4. If Amendment, Date Original

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(State)

(Zip)

Execution Date, if (Month/Day/Year)

TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

4. Securities

(A) or (Instr. 3 and 4)

Securities Beneficially Owned Following

5. Amount of

Issuer

below)

_X__ Director

Applicable Line)

Officer (give title

(I) Reported Transaction(s)

(Instr. 4)

6. Ownership

Form: Direct

(D) or Indirect Beneficial Ownership (Instr. 4)

Indirect

7. Nature of

10% Owner

Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

Estimated average

burden hours per

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. Transactionof Code

5. Number 6. Date Exercisable and **Expiration Date** Derivative (Month/Day/Year)

7. Title and Amount of Underlying Securities

1

8. P1

Deri

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| (Instr. 3) | Price of Derivative Security | (Mon | (Month/Day/Year) | (Instr. 8 | (] (| Securi Acqui (A) or Dispos of (D) (Instr. and 5) | red sed 3, 4, | | | (Instr. 3 and | 4) | (In: |
|--------------------------------------|------------------------------------|------------|------------------|-----------|-------------|--|---------------------|--------------------|------------|--|-----|------|
| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| stock option (right to buy) | \$ 0.54 | 08/09/2007 | | A | | 500 | | 08/09/2007 | 08/09/2017 | common stock | 500 | |

Reporting Owners

| Relationships | | | | | | |
|---------------|-----------|---------|-------|--|--|--|
| irector | 10% Owner | Officer | Other | | | |
| X | | | | | | |
| | | | | | | |

Signatures

David W. Robinson, Attorney-in-Fact 08/10/2007

**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) These options were issued to the reporting person as a non-employee director for attendance at an Audit Committee meeting on August 9, 2007.

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.

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