PCS EDVENTURES COM INC

Form 4

October 17, 2006

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue.

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

SECURITIES

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MAHER ANTHONY A			2. Issuer Name and Ticker or Trading Symbol PCS EDVENTURES COM INC [PCSV]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	liddle)	 3. Date of Earliest Transaction (Month/Day/Year) 10/05/2006 4. If Amendment, Date Original Filed(Month/Day/Year) 					X Director 10% OwnerX Officer (give title Other (specify below) CEO, President				
	(Street)							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)	Tabl	e I - Non-D	erivative S	ecuri	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	3. Transactio Code (Instr. 8)	4. Securitin(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	10/05/2006	10/05/2	006	Р	10,000	A	\$ 0.35	79,000	I	See footnote (1)		
Common Stock								89,000	I	See Footnote (2)		
Common Stock								2,054,340	D			

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date		Number		
				G 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships							
Director	10% Owner	Officer	Other				
X		CEO, President					
		Director 10% Owner	Director 10% Owner Officer				

Signatures

/Anthony A.
Maher/

**Signature of Pate Reporting Person

Anthony A.

10/17/2006

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).
- ATTACHMENT 1 FORM 4 Date: 10/11/2006 Beneficially Owned/Indirect Ownership: Col. 5 Col. 6 Col. 7 10,000 I for Louise Maher (1) 35,000 I as TTEE for Nick Maher Foundation 20,000 I MAHER FAMILY PARTNERSHIP LLP 9,500 I Sullivan Maher, LLC 4,500 I E.L. Sullivan 89,000
- ATTACHMENT 1 FORM 4 Date: 10/11/2006 Beneficially Owned/Indirect Ownership: Col. 5 Col. 6 Col. 7 10,000 I for Louise Maher (2) 35,000 I as TTEE for Nick Maher Foundation 30,000 I MAHER FAMILY PARTNERSHIP LLP 9,500 I Sullivan Maher, LLC 4,500 I F. L. Sullivan 89,000

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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