Edgar Filing: MAHER ANTHONY A - Form 4

| MAHER AN | NTHONY A | | | | | | | | | | |
|---|---|---|---|-----------------|--|--|--|---|----------------|--------------------|--|
| Form 4 | | | | | | | | | | | |
| May 02, 200 |)7 | | | | | | | | | | |
| FORM | ЛЛ | | | | | | | | OMB AF | PPROVAL | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th | | | | | | | | | Expires: | January 31, | |
| if no longer subject to Section 16. Form 4 or | | | F CHAN | GES IN SECUR | Estimated average burden hours per response 0. | | | | | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MAHER ANTHONY A | | | 2. Issuer Name and Ticker or Trading Symbol PCS EDVENTURES COM INC | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [PCSV] | | | | | (check an applicable) | | | |
| (Last) | (First) (M | liddle) | 3. Date of (Month/D 04/30/20 | - | | | | _X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) CEO, President, Chairman | | | |
| (Street) | | | 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 Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | Derivative Se | curiti | es Aca | uired, Disposed of | or Beneficial | lv Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D | | ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | uired of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | | | |
| Common | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 04/30/2007 | 04/30/2 | 2007 | М | 352,589 | А | \$ 0.3 | 2,401,968 | D | | |
| Common Stock | | | | | | | | 79,000 | I | See footnote (1) | |

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | | | Derivative Expiration Date (Month/Day/Year) Acquired (A) or Disposed of (D) Instr. 3, 4, and | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|-----|---------|--|--------------------|---|----------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount Number Shares |
| Option to Purchase Common Stock | \$ 0.3 | 04/30/2007 | 04/30/2007 | Х | | 352,589 | 12/10/2001 | 12/10/2011 | Common Stock | 352,58 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|--------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MAHER ANTHONY A | | | | | | | |
| | Х | | CEO, President, Chairman | | | | |

Signatures

| /Anthony A. Maher/ | 05/02/2007 | | | |
|--|------------|--|--|--|
| <u>**</u> 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) 35000 I as TTEE for Nick Maher Foundation 30000 I Maher Family Partnership, LLP 9500 I Sullivan Maher, LLC 4500 I E.L. Sullivan

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.