Edgar Filing: COHN CLIFFORD B - Form 4

COHN CLIF	FORD B										
Form 4											
January 30, 2	2006										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	OMB APPROVAL		
CURIVE 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long	_						Expires:	January 31, 2005			
subject to	STAT	'EMENT O	F CHAN		BENEFICIAL OWNERSHIP OF				Estimated average		
Section 10 Form 4 or	Section 16. SECURITIES								burden hours per response 0.5		
Form 5		pursuant to	Section 16	5(a) of the	e Securiti	es Ez	xchans	ge Act of 1934,	response	0.5	
obligation may conti	¹⁸ Section	^						f 1935 or Sectio	n		
See Instru 1(b).		30(h)) of the Inv	vestment	Company	Act	of 19	40			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> COHN CLIFFORD B			2. Issuer Name and Ticker or Trading Symbol PUBLICARD INC [CARD.OB]					5. Relationship of Reporting Person(s) to Issuer			
					-	J.OD		(Check all applicable)			
			3. Date of (Month/D	Earliest Tra	ansaction			_X_ Director	100	- Owner	
			01/29/20					Officer (give title Other (specify			
FLOOR	,		01/2//20					below)	below)		
	(Street)		4. If Ame	ndment, Dat	e Original			6. Individual or Jo	oint/Group Fili	ng(Check	
			Filed(Mon	th/Day/Year)	C			Applicable Line)			
PHILADEL	PHIA, PA 19	103						_X_ Form filed by 0 Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.	4. Securit			5. Amount of	1		
Security (Instr. 3)	(Month/Day/Y	·	on Date, if	Transactic Code	onAcquired	• •		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(IIISU. 5)		any (Month	/Day/Year)	(Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		·	Owned Following	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or	Drigo	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock								314	D		

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

Persons who respond to the collection of information contained in this form are not 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)

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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. Transa Code (Instr.		5. Number of mDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 2.5	01/29/2006		D	v		60,000	01/29/1996	01/29/2006	Common Stock	60,000
Stock Options	\$ 0.4							08/04/2001	08/04/2006	Common Stock	30,000
Stock Options	\$ 0.25							08/04/2002	08/04/2007	Common Stock	30,000
Stock Options	\$ 0.07							08/04/2003	08/04/2008	Common Stock	30,000
Stock Options	\$ 0.06							08/04/2004	08/04/2009	Common Stock	30,000
Stock Options	\$ 0.025							08/04/2005	08/04/2010	Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
COHN CLIFFORD B 1604 LOCUST STREET, 47 PHILADELPHIA, PA 19103		Х						
Signatures /s/CLIFFORD B.								
COHN	01/29/2006							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.

**Signature of Reporting

Person