#### Edgar Filing: GLOWPOINT INC - Form 4

CLOWDOINT INC

GLOWPOIN	IT INC										
Form 4											
March 11, 20	800										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								ONID	3235-0287		
Check th	is hor		Wa	shington, D.C. 20549				Number:			
if no long									Expires:	January 31, 2005	
subject to	)	MENIU	F CHAN	NGES IN BENEFICIAL OWNERSHIP OF				Estimated average			
Section 1 Form 4 o				SECURITIES					burden hours per response 0.5		
Form 5		rsuant to	Section 1	6(a) of th	e Securiti	es Fr	rchang	e Act of 1934,	response	0.5	
obligatio	ns Section 17						•	f 1935 or Section	n		
may cont	inue.		) of the In	•	•	· ·					
See Instruction 1(b).	uction		,		Compun	,	. 01 17				
(Print or Type I	Responses)										
				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Laezza Jose	ph		Symbol	-				Issuer			
			GLOW	POINT II	NC [GLO	W]		(Chec	k all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction					,	
				(Month/Day/Year)			Director 10% Owner X_ Officer (give title Other (specify				
225 LONG AVENUE			03/10/2	03/10/2008			X Officer (give below)	below)	er (specify		
								Chief (	Operating Offic	er	
	(Street)		4. If Ame	. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	Filed(Month/Day/Year)				Applicable Line)			
				_X				_X_Form filed by One Reporting Person Form filed by More than One Reporting			
HILLSIDE,	NJ 07205							Person		porting	
(City)	(State)	(Zip)	Tab	la I Non I	)omizotizo (	loonni	tion A or	uired, Disposed of	f on Donoficial	ly Owned	
										-	
1.Title of Security	2. Transaction Dat (Month/Day/Year)		med on Date, if	3. Transactio	4. Securit on(A) or Dis			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wolldin Day) Tear	any	JII Date, II	Code	(Instr. 3, 4	~		Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
common					75,000	(D)	\$				
stock	03/10/2008			А	(1)	А	φ 0.55	304,999	D		
Stoon							5.00				

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)

#### Edgar Filing: GLOWPOINT INC - Form 4

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)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
1 0	Director	10% Owner	Officer	Other				
Laezza Joseph 225 LONG AVENUE HILLSIDE, NJ 07205			Chief Operating Officer					
Signatures								
Joseph Laezza	03/11/2008							

<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) This grant of restricted stock vested immediately.

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. td>Expiration DateTitleAmount or Number of Shares

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Conrad Nicholas C PO BOX 119 MAUMEE, OH 43537			VP Finance & Treasurer				

## Signatures

Nicholas C. Conrad

03/13/2013

<u>Signature</u> 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) Shares received from vesting of PSU (Performance Share Unit). Agreement allows 75 days from performance end date to issue shares.
- (2) The Dividend Equivalant is more than the amount of PSU vesting.
- (3) PSU Vested.
- (4) Stock performance unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS. Number of underlying shares are determined by the three-year cumulative fully diluted EPS for the performance period.

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.