Ahmad Fuad Form 4 September 01, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Ahmad Fuad | | | 2. Issuer Name and Ticker or Trading Symbol Globalstar, Inc. [GSAT] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|---------|----------|---|--|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| 461 SOUTH MILPITAS BLVD. | | LVD. | (Month/Day/Year) 08/28/2009 | Director 10% Owner X Officer (give title Other (specibelow) | | | |
| (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 | | | |
| MILPITAS, CA 95035 | | | | | | | |

| (City) | (State) | (Zip) Tabl | e I - Non-D | Derivative So | ecuriti | ies Acqu | iired, Disposed of | , or Beneficiall | ly Owned |
|--------------------------------------|--------------------------------------|---|---|---|-----------------|------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 | oosed of and 5) | 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 Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 08/28/2009 | | S | 20,000 | D | \$ 0.85 | 333,653 | D | |
| Common Stock | 08/28/2009 | | A | 872,094 (1) | A | \$0 | 1,205,747 | 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.

SEC 1474

(9-02)

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|---|------------------------|---------------------------------------|--------------------------------------|-------------------------------|-----------------|----------------|-------------------------------|-------------------------------|--------------------|--|------------------------|---|
| Security or Exercis (Instr. 3) Price of | | or Exercise Price of Derivative | (Month/Day/Tear) | any (Month/Day/Year) | Code | | | (Month/Day/Year) iive iies ed | | Underlying Securities (Instr. 3 and 4) | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Ahmad Fuad

461 SOUTH MILPITAS BLVD. SVP & Chief Financial Officer

MILPITAS, CA 95035

Signatures

/s/ Bridget C. Hoffman, attorney-in-fact for Fuad 09/01/2009 Ahmad

> **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) Award under 2006 Equity Incentive Plan.

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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