### Edgar Filing: PETERSON JANICE M - Form 4

PETERSON.	JANICE M										
Form 4											
May 22, 2013	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this	s box		" ushington	I, D.C. 20.				Expires:	January 31,		
if no longe	er STATEM	ENT OF CH	ANGES IN	ES IN BENEFICIAL OWNERSHIP OF					2005		
subject to Section 16				SECURITIES				Estimated average			
Form 4 or								burden hours per response 0.5			
Form 5	Filed purs	uant to Sectio	on 16(a) of th	he Securiti	es E	xchang	ge Act of 1934,				
obligation may contin	<sup>8</sup> Section $17(a$						of 1935 or Sectio	n			
See Instru		30(h) of the	e Investmen	t Compan	y Act	t of 19	40				
1(b).											
(Print or Type R	esponses)										
1 Name and A	dress of Reporting P	Person <sup>*</sup> o t	N	J.T. 1 /	<b>г</b> . 1.		5. Relationship of	f Reporting Per	son(s) to		
						Issuer	r Reporting I er	501(5) 10			
12121001	earch Solution	one Inc []	2000	51							
<i>a</i> .				_	1000	ני	(Cheo	ck all applicable	e)		
(Last)	(First) (M		· · · - · · · - · · · · · · · · · · · ·					100			
				onth/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify			
C/O RESEARCH SOLUTIONS, 05/20/20 INC., 5435 BALBOA BLVD., 05/20/20			20/2013				below)				
SUITE 202		,					S	See Remarks			
50112 202	Amendment, Date Original				6 Individual or Joint/Group Filing/Chark						
(Street) 4. If Amend Filed(Month				-			6. Individual or Joint/Group Filing(Check Applicable Line)				
							_X_ Form filed by One Reporting Person				
ENCINO, CA	A 91316						Form filed by M Person	More than One R	eporting		
		7.)					Person				
(City)	(State) (	Zip)	<b>Fable I - Non-</b>	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year)	Execution Date		tionAcquired			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Y	Code (Instr. 8	Disposed ) (Instr. 3,				(D) or Indirect (I)	Beneficial Ownership		
		(intoinin Duy) I	cui) (mou. o				Following	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s)				
			Code	V Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/20/2013		А	5,333	А	\$0	5,333	D			
Stock	0012012012		1 1	(1)		ΨŪ	0,000	~			

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)

1. Title o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orfNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
	/O RESEARCH SOLUTIONS, INC. 435 BALBOA BLVD., SUITE 202			See Remarks				
Signatures								
/s/ Janice M. Peterson	05/22/2013							

\*\*Signature of

Date

## Reporting Person

# **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).
- Represents a grant of shares of restricted stock ("RSAs"). 33% of the RSAs vest on May 20, 2014 and 1/12th of the RSAs vest on the last (1) day of each quarter beginning June 30, 2014 until fully vested.

#### **Remarks:**

Head of Publisher Relations of Reprints Desk, Inc.

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.