| Sanswire Corp Form 4 December 23, | | | | | | | | | | |
|--|---|---|--|---------------|------------------------|------------------------------------|---|---|--|--|
| FORM Check this if no longe | 4 UNITED STA | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB AF OMB Number: Expires: | Number: 3235-0287 | | |
| subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pursuar Section 17(a) or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | Estimated average burden hours per response 0.5 | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| SEIFERT THOMAS G Symbol Issuer Sanswire Corp. [SNSR] | | | | | Reporting Person(s) to | | | | | |
| (Last) | (First) (Middl | , | 3. Date of Earliest Transaction (Ch | | | (Checl | ck all applicable) | | | |
| | | | Month/Day/Year)X_ Director 2/22/2010Officer (give t below) | | | | titleOther (specify below) | | | |
| | (Street) | Filed(Month/Day/Year) | | | | Applicable Line) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PARKER, CO | O 80134 | | | | | Form filed by M Person | lore than One Re | porting | | |
| (City) | (State) (Zip) |) Table | I - Non-De | rivative Se | ecurities A | cquired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Date, if | | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | OwnershipIrForm:BDirect (D)O | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| COMMON | | | Code V | Amount | (A) or (D) Pr | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | | |
| STOCK, \$.00001 par value | 12/22/2010 | | S | 10,000 (1) | A \$ 0.0 | 4,374,743 | 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. Transactic Code (Instr. 8) | 5. 6. Date Exercisable a orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | ess | Relationships | | | | | | |
|--|------------|---------------|--------------|--|--|--|--|--|
| | Director | 10% Owner | Officer Othe | | | | | |
| SEIFERT THOMAS G 10940 S PARKER ROAD SUITE 201 PARKER, CO 80134 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Thomas Seifert | 12/23/2010 | | | | | | | |
| **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) Pursuant to a plan in accordance with Rule 10b5-1 under the Securities Exchange Act of 1934.

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.