#### **CHAPMAN ROBERT LLEE**

Form 4 May 01, 2012

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

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

obligations

may continue.

Check this box

**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

See Instruction 1(b).

(Print or Type Responses)

04/30/2012

**Shares** 

1. Name and Address of Reporting Person * CHAPMAN ROBERT LLEE			2. Issuer Name and Ticker or Trading Symbol GRAPHON GOLD CORR IGGNI					5. Relationship of Reporting Person(s) to Issuer				
				GRYPHON GOLD CORP [GGN]					(Check all applicable)			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction									
611 N NEVADA STREET			(Month/Day/Year) 04/30/2012					Director 10% Owner Section Other (specify below) below)  Chief Financial Officer				
	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
	Filed(Mon	Filed(Month/Day/Year)					Applicable Line)					
CARSON CITY, NV 89703								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Secu	rities A	Acquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	Month/Day/Year) Execution D					ed of	Securities	Form: Direct	Indirect		
(Instr. 3)	str. 3) any			Code				Beneficially	(D) or	Beneficial		
(Month/Day/Year)		/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			15)	Owned	Indirect (I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amou	t (D)		(msu. 3 and 4)				
Common	04/30/2012			D	7.500	٨	\$	7.500	D			

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

P

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

7,500

0.15

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

7,500

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1. Title of 2.  Derivative Conversio Security or Exercis (Instr. 3) Price of		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
	Derivative Security				Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	s \$ 0.141	04/17/2012		A	250,000	(1)	04/17/2017	Common	250,000

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CHAPMAN ROBERT LLEE 611 N NEVADA STREET CARSON CITY, NV 89703

Chief Financial Officer

### **Signatures**

R. Llee 04/30/2012 Chapman

\*\*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).
- (1) Options will vest: 25% June 30/12; 25% Sept 30/12; 25% Dec 31/12; and 25% March 31/12

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.

Reporting Owners 2