

J2 GLOBAL COMMUNICATIONS INC
 Form 4
 August 06, 2010

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 ZUCKER NEHEMIA

2. Issuer Name and Ticker or Trading Symbol
 J2 GLOBAL COMMUNICATIONS INC [JCOM]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 6922 HOLLYWOOD BLVD, 5TH FLOOR
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 08/04/2010

____ Director
 Officer (give title below) _____ 10% Owner
 _____ Other (specify below)
 Chief Executive Officer

LOS ANGELES, CA 90028

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock, \$0.01 par value	08/04/2010		M ⁽¹⁾		9,054	A	\$ 17.19
Common Stock, \$0.01 par value	08/04/2010		S		9,054	D	\$ 24.95
Common Stock, \$0.01 par	08/05/2010		M ⁽¹⁾		12,100	A	\$ 17.19
							190,096 ⁽²⁾
							181,042 ⁽²⁾
							193,142 ⁽²⁾

value

Common
Stock,
\$0.01 par
value

08/05/2010

S 12,100 D \$ 24.95 181,042 ⁽²⁾ 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.

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(9-02)

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Option to purchase Common Stock	\$ 17.19	08/04/2010		M	9,054	03/05/2010 03/05/2019	Common Stock, \$0.01 par value 9,054
Option to purchase Common Stock	\$ 17.19	08/05/2010		M	12,100	03/05/2010 03/05/2019	Common Stock, \$0.01 par value 12,100

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

ZUCKER NEHEMIA
6922 HOLLYWOOD BLVD
5TH FLOOR
LOS ANGELES, CA 90028

Chief Executive Officer

Signatures

/s/ Nehemia
Zucker

08/06/2010

__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) These shares were acquired upon exercise of stock options under the Issuer's 2007 Stock Plan identified as exercised in Part II of this Form 4.
 - (2) Includes 160,250 shares of restricted stock which remain subject to vesting.
 - (3) Employee stock option granted for services rendered, no value placed on services rendered.

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.