Edgar Filing: AWARE INC /MA/ - Form 4/A

AWARE IN	IC /MA/												
Form 4/A													
August 12,													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL					
	UNITED	SIAIES					.C. 20549		E U		OMB Number:	3235-0287	
Check the	nis box		, v a	Shing	UII	, р		•				January 31,	
if no longer STATEMENT OF C				HANGES IN BENEFICIAL OWNER						ERSHIP OF	Expires:	2005	
	lection 16.				CUR	RIT	TIES				Estimated a burden hour	•	
Form 4										response 0.			
Form 5 obligation									0	Act of 1934,			
may cor				•			• •	•		935 or Section	l		
See Inst	ruction	30(h)	of the Ir	ivestm	ient	: C0	ompany A	Act of	1940				
1(b).													
(Print or Type	Responses)												
						-	of Reporting Person(s) to						
STAFFOR	D JOHN S JR		Symbol	I RE INC /MA/ [AWRE]						ssuer			
			AWAR							(Check all applicable)			
(Last)	(First) ((Middle)	3. Date o			rans	saction						
				/Day/Year)					-	DirectorX10% Owner Officer (give title Other (specify			
230 S. LASALLE STREET, SUITE 08/04 400				2010 -						below) below)			
+00	(Sture et)		4 TC A	1	. D		01					(0) 1	
			-						6. Individual or Joint/Group Filing(Check Applicable Line)				
										X Form filed by One Reporting Person			
CHICAGO	, IL 60604-1408								- P	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)											
(City)	(State)	(Zip)	Tab	le I - N	on-I	Deri	ivative Sec	urities	Acqui	red, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date	1 、						red (A)		6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	any	n Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)							Securities Beneficially	Ownership Form:	Indirect Beneficial	
` '		(Month/D	× , , , , ,				-		Owned	Direct (D)	Ownership		
										Following Reported	or Indirect (I)	(Instr. 4)	
								(A)		Transaction(s)	(I) (Instr. 4)		
				Code	v		Amount	or (D)	Price	(Instr. 3 and 4)			
Comment								(_)				See	
Common Stock	08/04/2010			G	V	3,	395,025	D	\$0	636,827	Ι	Footnote	
STOCK												(1)	

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	ress	Relationships							
T 8	Director	10% Owner	Officer	Other					
STAFFORD JOHN S JR 230 S. LASALLE STREET SUITE 400 CHICAGO, IL 60604-1408		Х							
Signatures									
/s/ John Stafford	08/11/2010								
<u>**</u> Signature of	Date								

_Signature of 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) The shares are held in a Grantor Retained Annuity Trust to which the Reporting Person is the trustee and the Reporting Person's child is the sole beneficiary. The Reporting Person disclaims beneficial ownership except to the extent of his pecuniary interest therein.

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.