Edgar Filing: NTN BUZZTIME INC - Form 4

NTN BUZZT Form 4 July 16, 2009											
FORM	Δ								-	PPROVAL	
	UNITE	D STATES		ITIES Al			NGE (COMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGE					BENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 10			SECURITIES						burden hou		
Form 4 or Form 5		ed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligation	~ *						C C	· · · ·			
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section See Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type R	esponses)										
1. Name and Ad Fidelity Nati	Name and			g	5. Relationship of Reporting Person(s) to Issuer						
(Last)	Earliest Tra	_			(Check all applicable)						
(Lust)	ay/Year)	ansaction			DirectorX10% Owner						
601 RIVERSIDE AVENUE07/15/20			-				Officer (give title Other (specify below)				
(Street) 4. If Amer				ndment, Dat	te Original			6. Individual or Joint/Group Filing(Check			
	th/Day/Year)				Applicable Line)						
JACKSONV	JACKSONVILLE, FL 32204 Form filed by One Reporting Person Form filed by More than One Reporting Person										
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction E)ate 24 Dee		3.				5. Amount of	6. Ownership	-	
Security	(Month/Day/Ye	on Date, if	Transactic				Securities	Form: Direct			
(Instr. 3)	· · ·				(D)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following						Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						()		Reported	(mouter)	(mourit)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	07/15/2009			S	400	D	\$ 0.39	6,605,211	I <u>(1)</u>	Please see footnote 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)	4. Transact Code (Instr. 8)	tionNumber Ex of (N) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, an 7 (A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips			
	Director	10% Owner	Officer	Other		
Fidelity National Financial, Inc. 601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204		Х				
Signatures						
Fidelity National Financial, Inc. by Goodloe Partee, Senior Vice President - Legal.						

**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).

613,400 shares owned by Fidelity National Financial, Inc.; 1,222,030 shares owned by Security Union Title Insurance Company; 1,222,702 shares owned by Chicago Title Insurance Company; 1,170,679 shares owned by Alamo Title Insurance Company; 1,237,000

(1) shares owned by Ticor Title Insurance Company; 1,139,400 shares owned by Fidelity National Title Insurance Company. Security Union Title Insurance Company, Chicago Title Insurance Company, Alamo Title Insurance Company, Ticor Title Insurance Company, and Fidelity National Title Insurance Company are direct or indirect wholly-owned subsidiaries of Fidelity National Financial, 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.

Date