Edgar Filing: BARTON JAMES M - Form 4

DADTON LAMES M

| Form 4 | | | | | | | | | | | | |
|--|--|---|-----------------------------------|---|------|---|--------|---------|--|--|----------|--|
| March 26, 20 FORM | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | er STATI 5. Filed p s Section 1 | 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 20(k) of the Investment Company Act of 1040 | | | | | | | | Expires: Estimated a burden hou response n | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| BARTON JAMES M Symbol | | | Symbol | ner Name and Ticker or Trading INC [tivo] | | | | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | | | | | |
| (Month/D | | | | Ionth/Day/Year) 3/25/2009 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) CTO | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| ALVISO, CA | A 95002 | | | | | | | | | Nore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non | ı-De | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Execution any | emed on Date, if /Day/Year) | 3. Transa Code (Instr. 5 Code | 8) | 4. Securit n(A) or Dis (D) (Instr. 3, 4) | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock (1) | 03/25/2009 | | | А | | 36,000 | A | \$0 | 98,633 | 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) | 4. Transacti Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| BARTON JAMES M C/O TIVO INC 2160 GOLD STREET PO BOX 2160 ALVISO, CA 95002 | | | СТО | | | | |
| Signatures | | | | | | | |
| Phyllis Mesec, Attorney-in-Fact for: Ja Barton | mes | 03/26 | /2009 | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Explanation of Poopor | | | | | | | |

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) Restricted shares shall vest in three equal, annual installments on the anniversary date of the grant (3/25/10, 3/25/11, 3/25/12), subject to the executive's continued employment or service with the Company on that date.

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.