Edgar Filing: PAR TECHNOLOGY CORP - Form 4

FORM 4OMB ACheck this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See InstructionUNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549OMB Number: Expires: Estimated burden hou responseFiled 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 1940OMB Number: Expires: Estimated burden hou response	irs per			
Check this box Washington, D.C. 20549 OMB Check this box Washington, D.C. 20549 Number: Subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Expires: Section 16. SECURITIES Estimated burden hour Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Filed pursuant to Section 17(a) of the Public Utility Holding Company Act of 1935 or Section	January 31 2005 average ırs per			
if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires: Estimated a burden hou responseForm 4 or Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 	2005 average irs per			
Section 16. SECURITIES burden hou response Form 4 or Form 5 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(b) of the Investment Company Act of 1040	irs per			
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940				
1(b).				
(Print or Type Responses)				
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person * Jost Kevin R Symbol Issuer PAR TECHNOLOGY CORP [PTC] CT = 1.01 mm + 10.01 mm + 10.0				
(Last) (First) (Middle) 3. Date of Earliest Transaction (Check all applicabl	(Check all applicable)			
(Month/Day/Year) 109	Officer (give title Other (specify			
Filed(Month/Day/Year) Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW HARTFORD, NY 13413				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) 5. Amount of Securities 6. Ownership Form: Direct Code (D) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) 0wned Indirect (I) Following (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price				
Common 08/20/2010 P 2,000 A \$ 18,000 D Stock				

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or	3	ate	7. Title Amour Underl Securit (Instr. 2	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo
			Code V	Disposed of (D) (Instr. 3, 4, and 5) (A) (D)		Expiration Date		Amount or Number		Trans (Instr
								of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jost Kevin R 8383 SENECA TURNPIKE NEW HARTFORD, NY 13413	Х						
Signatures							
By: Viola A. Murdock For: Kev R. Jost	vin	08/23/2010					
**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).

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.