| FORM | 4 |
|------|---|
| | |

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

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

titions . See b)
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Re Sheerr David Samuel | 2. Issuer Name and DATARAM COF | | | ng Symbo | 1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|-----------------------------------|--|--|--------------------|---|--|--|---|---|--|-------------------------|--|
| 1051 MCKEAN ROAI | (First) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2010 | | | | | | X Officer (give title below) Other (specify below) General Manager MMB Unit | | | |
| AMBLER, PA 19002 | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| 1. Title of Security 2. Transaction Date (Month/Day/Yea) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | | | | f (D) | Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |

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 SEC 1474 (9-02) 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

| | (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|------------------------|---|--|---|------|---|---------|--|--|--------------------|---------------------|-------------------------------------|--------------------------------------|--|--|------------|
| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | | | 6. Date Exerc Expiration Da (Month/Day/ ¹ | ite | 7. Title and Amount | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Options | \$ 1.28 | | | | | | | 04/16/2010 | 04/16/2014 | Common Stock | 20,000 | | 20,000 | D | |
| Options | \$ 2.57 | | | | | | | 09/24/2010 | 09/24/2014 | Common Stock | 50,000 | | 50,000 | D | |
| Options | \$ 1.76 | 09/23/2010 | | А | | 100,000 | | 09/23/2011 | 09/23/2015 | Common Stock | 100,000 | \$ 1.76 | 100,000 | D | |

Reporting Owners

| | Relationships | | | | | | | | |
|---|---------------|-----------|--------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Sheerr David Samuel 1051 MCKEAN ROAD AMBLER, PA 19002 | | | General Manager MMB Unit | | | | | | |

Signatures

| David Sheerr | 09/24/2010 |
|----------------------------------|------------|
| 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.