FORM 4

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

| OMB APPROVAL | | | | | | |
|-------------------------|-----|--|--|--|--|--|
| MB Number: 3235-0287 | | | | | | |
| stimated average burden | | | | | | |
| ours per response. | 0.5 | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | |
|---|-------------|---|----------------------------------|--|----------------|--------------------------------------|----------------------|--------------------------------|---|--------------------|------------------------------------|--|--|-----------------------------------|--|--|-----------|
| Name and Address of Reporting Person * Sheerr David Samuel | | | | 2. Issuer Name and Ticker or Trading Symbol DATARAM CORP [DRAM] | | | | | | | | 5. | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) 1051 MCKEAN ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2011 | | | | | | |) | | X Officer (give title below) Other (specify below) General Manager MMB Unit | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ear) | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| AMBLE. | R, PA 1900 | (State) | (Zip) | | | T | able I | - Non-I | Deriva | tive Sec | curities | Acquire | | | ficially Own | ed. | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | 2A. Deemed Execution Date, if | | ed Date, if | 3. Transaction Code (Instr. 8) | | (A) | Securities Acquired) or Disposed of (D) str. 3, 4 and 5) (A) or | | uired 5. of (D) Ov Tr | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 5. 7. Ownership of Form: Be | eneficial wnership | | |
| | 2. | separate line for eac | Table II - | Derivat | ive S | | s Acq | Per in t dis uired, I | rsons his fo plays Dispose s, conv | orm are a curre | e not re ently v | equired valid ON ficially O | to respond IB control | l unless th number. | | ned SEC 14 | 74 (9-02) |
| Derivative Security (Instr. 3) | Conversion | on Date Execution Date ise (Month/Day/Year) Execution Date any (Month/Day/Y | Execution Date, if | f Transaction Deriv Code Secur | | | es ed (A) osed | Expira | Expiration Date of U Month/Day/Year) Sec | | of Under Securitie (Instr. 3 | rlying es | Derivative D Security (Instr. 5) B O Fig. R | | Ownership Form of Derivative Security: Direct (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercis | sable | Expira Date | ıtion | Title | Amount or Number of Share | | (Instr. 4) | (Instr. 4) | |
| Options | \$ 1.28 | | | | | | | 04/16 | /2010 | 04/16 | /2014 | Commo | - 1 20 000 | | 20,000 | D | |
| Options | \$ 2.57 | | | | | | | 09/24 | /2010 | 09/24 | /2014 | Commo | 1.50.000 | | 50,000 | D | |
| Options | \$ 1.76 | | | | | | | 09/23 | /2011 | 09/23 | /2015 | Commo | 1100 000 |) | 100,000 | D | |
| | | | | | _ | | _ | | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|---------|--------------------------|--|--|--|--|--|
| • 6 | Director | Officer | Other | | | | | |
| Sheerr David Samuel 1051 MCKEAN ROAD AMBLER, PA 19002 | | | General Manager MMB Unit | | | | | |

Signatures

| David Sheerr | 09/23/2011 |
|-------------------------------|------------|
| 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.