FORM 4

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

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

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 * Karr Edward M | | | | 2. Issuer Name and Ticker or Trading Symbol DATARAM CORP [DRAM] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 19 BLVD GEORGES-FAVON | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2016 | | | | | | | Officer | (give title belo | w) | Other (specify b | elow) |
| (Street) GENEVA, V8 1204 | | | | 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 Acqui | | | | | | red, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year) | Execu any | Deemed ution Date, i | f Coo | | | (A) or l (D) | rities Ac Disposed | Reported Transaction(s) | | Following (s) | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | C | Code | V | Amoun | (A) or (D) | Price | (I) | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common \$0.001 pe | Stock, par r share | value | 01/13/2016 | | | | A | | 30,000 |) A | \$ 0.6 (1) | 33,934 | | | D | |
| Common | Stock | | | | | | | | | | | 3,934 | | | D | |
| Reminder: indirectly. | Report on a | separate line f | or each class of secu | irities l | beneficially | owne | | Pers cont | ons wh ained i | n this f | orm ar | e not req | uired to re | formation spond unl | ess | EC 1474 (9- 02) |
| | | | Table II - I | | tive Securit uts, calls, w | | | | | | | | l | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transactio Date (Month/Day/ | Execution Da | ite, if | Code | of Deri Secu | vative prities uired or losed O) r. 3, | and Expiration Date (Month/Day/Year) US6 | | Am Und Sec | Title and ount of derlying urities ttr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | Ownership (Instr. 4) O) | |
| | | | | | Code V | (A) | (D) | Date Exer | cisable | Expirati Date | on Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| Daniel Communication (Addison | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Karr Edward M 19 BLVD GEORGES-FAVON GENEVA, V8 1204 | X | | | | | | |

Signatures

| Edward Karr | 01/15/2016 |
|---------------------------------|------------|
| **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).
- (1) Represents the closing price of the Company's common stock on January 13, 2016.

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.