## 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 * Giordano Rose Ann				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) 21 OLD VILLAGE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/24/2009								Officer (give title below) Other (specify below)					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
ACTON, MA 01720 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, i		ed Date, if	3. Ti	ransaction 4.		Securities Acqu ) or Disposed of str. 3, 4 and 5)		ed 5. Am Owned Transa	Amount of Securities Beneficially waned Following Reported ransaction(s) nstr. 3 and 4)		eneficially d	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							С	ode	V Am	ount (A) or (D)		Price			(I) (Instr. 4)		
Common	Stock											1,000	1,000			D	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., pu 4. Transac Code	ts, c	alls, war 5. Numb	ve es d	quired s, option 6. Dat Expira	n this for lisplays a	m are not in a currently dof, or Bendertible securable and	requesticis	uired to reid OMB c	to respond unless AB control number  Dwned  e and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Т	Γitle	Amount or Number of Shares				
Options	\$ 5.62							09/1	14/2008	09/14/201	0	Common Stock	5,000		5,000	D	
Options	\$ 4.70							09/1	13/2008	09/13/201	1	Common Stock	8,000		8,000	D	
Options	\$ 3.33							09/2	27/2008	09/27/201	12	Common Stock	8,000		8,000	D	
Options	\$ 1.99							09/2	25/2009	09/25/201	8	Common Stock	16,000		16,000	D	
Options	\$ 2.57	09/24/2009		A		40,000		09/24	4/2010	09/24/201	9	Common Stock	40,000	\$ 2.57	40,000 (2	D D	

### **Reporting Owners**

Describes Osses News / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Giordano Rose Ann 21 OLD VILLAGE ROAD ACTON, MA 01720	X						

#### **Signatures**

ROSE ANN GIORDANO	09/28/2009
**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) Options to purchase 20,000 shares vest on 09/24/2010; options to purchase the remaining 20,000 shares vest on 09/24/2011.

  Options had been granted to the reporting person in consideration of the reporting person's service as a director of the company. Options had been granted at an exercise price equal to the

(2) closing market price of the common stock on the date of grant.

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.