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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | EMENT OF pursuant to S 17(a) of the F | SECURITIES Washington F CHANGES IN SECU Section 16(a) of t Public Utility Ho of the Investmer | n, D.C. 205 N BENEFI RITIES the Securiti olding Com | 549 CIAI es Ex pany | L OW the content of the content of | NERSHIP OF e Act of 1934, E 1935 or Sectio | OMB Number: Expires: Estimated burden ho response | ours per | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (Print or Type Responses) 1. Name and Address of Report NORTON PHILLIP G | Symbol | Issuer Name and Ticker or Trading nbol ILUS INC [PLUS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) 3. Date of | | | e of Earliest Transaction h/Day/Year) | | | | (Check all applicable) X DirectorX 10% Owner X Officer (give title Other (specify below) President/CEO | | |
| (Street) 4. If Ame Filed(Mon HERNDON, VA 20171-3413 | | | Date Original 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 | | | |
| (City) (State) | (Zip) | Table I - Non | -Derivative S | Securi | ties Aco | uired, Disposed o | f. or Benefici | ally Owned | |
| | Title of2. Transaction Date2A. Deemedccurity(Month/Day/Year)Execution Date, if | | 3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | | | | | 1100 | 2,040,000 | I | By J.A.P. Investment Group, L.P. | |
| Common 08/07/2009 Stock | | М | 175,000 | А | \$ 7.75 | 176,000 | D | | |

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 of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | orDeri Secu Acqu Disp | umber of vative rities hired (A) or osed of (D) r. 3, 4, and | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount o Underlying Securities (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|--------------------------------------------------------------------|--------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amoun Numbe Shares |
| Employee Stock Option (Right to Buy) | \$ 7.75 | 08/07/2009 | | М | | 175,000 | 08/11/2000 | 08/11/2009 | Common Stock | 175,0 |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|-----------------------------------------------------------------------------------------------|------------|---------------|-----------|---------------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| NORTON PHILLIP G C/O EPLUS INC. 13595 DULLES TECHNOLOGY DRIVE HERNDON, VA 20171-3413 | | Х | Х | President/CEO | | | | |
| Signature | S | | | | | | | |
| Phillip G. Norton | 08/10/2009 | | | | | | | |
| <u>**</u> 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.