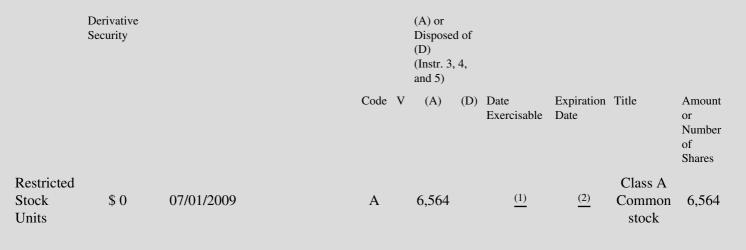
## Edgar Filing: NEUSTAR INC - Form 4

NEUSTAR Form 4 July 02, 200												
									OMB	OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB Number:	3235-	3235-0287	
Check ti if no lor subject Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	nger to 16. or Filed pur ons ntinue.	rsuant to Sec (a) of the Pu	0 /							l average ours per	ry 31, 2005 0.5	
(Print or Type	Responses)											
1. Name and CULLEN J	S	2. Issuer Name <b>and</b> Ticker or Trading Symbol NEUSTAR INC [NSR]				Frading	5. Relationship of Reporting Person(s) to Issuer					
(Last)		3. Date of Earliest Transaction			(Check all applicable)							
(Last) (First) (Middle) 46000 CENTER OAK PLAZA			(Month/Day/Year) 07/01/2009			X_ Director 10% Owner Officer (give title Other (specify below) below)						
		4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
STERLING	G, VA 20166							Person		reporting		
(City)	(State)	(Zip)	Table I	- Non-	Derivat	tive S	ecurities A	Acquired, Disposed	of, or Benefici	ally Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Tra Coo 'Year) (Ins	de str. 8)	4. Sec onAcqui Dispo (Instr.	ired (4 osed o . 3, 4 ;	A) or f (D)	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 Indirect Beneficia Ownersh (Instr. 4)	al ip	
Reminder: Re	port on a separate line	e for each class	s of securitie	es bene	ficially	owne	ed directly	or indirectly.				
					Pe inf rec dis	erson iorma quire	s who res ation cont d to resp s a curre	spond to the collect tained in this form ond unless the for ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Inst



## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh			
	Director	10% Owner	Officer	Other	
CULLEN JAMES 46000 CENTER OAK PLAZA STERLING, VA 20166	X				
Signatures					
/s/ Martin K. Lowen, by power o attorney	f	07/02			

Signature of Reporting Person

## **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).

Date

The restricted stock units fully vest on the earlier of July 1, 2010 or the day preceding the date in calendar year 2010 on which the

(1) NeuStar, Inc. annual meeting of stockholders is held. Upon vesting, the Reporting Person shall be entitled to one share of Class A Common Stock for each restricted stock unit, which shall be paid on the date that is six months after the Reporting Person's Termination

(as defined in the NeuStar, Inc. 2009 Stock Incentive Plan).

The restricted stock units terminate if the Reporting Person experiences a Termination (as defined in the NeuStar, Inc. 2009 Stock(2) Incentive Plan) before the earlier of July 1, 2010 or on the day preceding the date in calendar year 2010 on which the Company's annual meeting of stockholders is held.

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.