Edgar Filing: Travelstar, Inc. - Form 4

| Travelstar, Ir Form 4 | nc. | | | | | | | | | | |
|---|--|----------|--|---|---------------|---|---|---|---|-------------|--|
| April 29, 200 |)8 | | | | | | | | | | |
| FORM / | | | | | | | OMB APPROVAL | | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi | ter. | | | | | | | | Expires: | January 31, | |
| Subject to Section 16. | | | | GES IN BENEFICIAL OWNERSHIP SECURITIES | | | | VERSHIP OF | Estimated average burden hours per | | |
| Form 4 orresponseCForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Filed pursuant to Section 17(a) of the Public Utility Holding Company Act of 1935 or SectionSection 17(a) of the Public Utility Holding Company Act of 1940Section 17(a) of the Investment Company Act of 19401(b).1(b).1(b) | | | | | | | | | 0.5 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Kyaw Myint J Symbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | (Middle) | 3. Date of | f Earliest Tr | ransaction | | | (Check | k all applicable |) | |
| | | | Day/Year) 2008 | | | | Director Officer (give t below) | ctor Owner cer (give title Other (specify below) | | | |
| Filed(Mor | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | onth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| MASPETH, | NY 11378 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative Se | ecuriti | es Acqu | iired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock, no par value | 04/16/2008 | | | P | 250,000 | A | \$ 0.07 | 9,629,457 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Travelstar, Inc. - Form 4

| 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) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting O | Relationships | | | | | | |
|--|--------------------------------|---|--|---------|-------|--|--|
| Triporting o | Reporting Owner Mane / Address | | | Officer | Other | | |
| Kyaw Myint J C/O MON CHONG 56-72 49TH PLACE MASPETH, NY 113 | | Х | | | | | |
| Signatures | | | | | | | |
| /s/ Myint J. Kyaw | 04/21/2008 | | | | | | |
| <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.