Merriman Curhan Ford Group, Inc.

Form 4

November 05, 2008

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

Estimated average burden hours per response... 0.5

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

FEBBO WILLIAM J

2. Issuer Name and Ticker or Trading Symbol

Merriman Curhan Ford Group, Inc.

3. Date of Earliest Transaction

[MERR]

(Last) (First) (Middle)

(Month/Day/Year)

10/31/2008

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

600 CALIFORNIA STREET, 9TH

(Street)

(State)

**FLOOR** 

(City)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SAN FRANCISCO, CA 94108

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

(Zip)

3. TransactionAcquired (A) or Code (Instr. 8)

4. Securities Disposed of (D) (Instr. 3, 4 and 5)

(A)

or

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionDerivative Derivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date** 

7. Title and Amount 8. of Underlying

(9-02)

1

De

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		Securities (Instr. 3 and 4)		Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 5.4	10/31/2008		J <u>(1)</u>	30,000	10/31/2008	07/16/2017	Option	30,000	
Option	\$ 5.4	10/31/2008		J <u>(1)</u>	5,000	10/31/2008	07/16/2017	Option	5,000	
Option	\$ 5.4	10/31/2008		J <u>(1)</u>	5,000	10/31/2008	07/16/2017	Option	5,000	
Option	\$ 3.84	10/31/2008		J <u>(1)</u>	3,750	10/31/2008	05/02/2018	Option	3,750	
Option	\$ 3.84	10/31/2008		<u>J(1)</u>	3,750	10/31/2008	05/02/2018	Option	3,750	
Option	\$ 3.84	10/31/2008		J <u>(1)</u>	22,500	10/31/2008	05/02/2018	Option	22,500	

## **Reporting Owners**

Reporting Owner Name / Address		Keiauonsinps					
	Director	10% Owner	Officer	Other			

FEBBO WILLIAM J 600 CALIFORNIA STREET, 9TH FLOOR X SAN FRANCISCO, CA 94108

## **Signatures**

William J. 11/05/2008 Febbo

\*\*Signature of
Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The Reporting Person has voluntarily agreed to return each of the option grants listed in Table II to the Company. Reporting Person has received no consideration for the return of options; nor any promise of future consideration.

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.

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