Nixon Theoc Form 4										
March 26, 2009 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5			
1(b). (Print or Type F	Responses)									
1. Name and A Nixon Theo	2. Issuer Name and mbol OSS CORP [K0		Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer					
(Month/E			Date of Earliest Tr Ionth/Day/Year) 8/25/2009	ansaction			(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)			
Filed(Mon			If Amendment, Da led(Month/Day/Year	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	LE, KY 40206						Person	lore than one Re	porting	
(City)	(State)	(Zip)	Table I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if Transactic Code /Year) (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	sposed	d of (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)		
Common Stock	03/25/2009		Р	323	А	\$ 11.25	2,480	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)

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1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transacti Code	5. onNum of	lber	6. Date Exer Expiration D (Month/Day/	ate		le and ant of rlying	8. Price of Derivative Security	9. Nu Deriv Secui
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Secu Acqu (A) o Disp of (D (Inst	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur (Instr	ities . 3 and 4)	(Instr. 5) Bene Owne Follo Repo Trans (Instr	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Nixon Theodore 100 SOUTH SPRING STREET LOUISVILLE, KY 40206	Х						
Signatures							
Sujata Sachdeva, Power of Attorney	()3/26/2009					
**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).

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.