BSQUARE CORP/WA Form 4 May 14, 2008

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Ad<br>JURGENSE               | ^          | _        | Issuer Name and Ticker or Trading     Symbol | 5. Relationship of Reporting Person(s) to Issuer   |  |  |  |
|--|------------|----------|--|--|--|--|--|
|  |            |          | BSQUARE CORP /WA [BSQR]                      | (Check all applicable)   |  |  |  |
| (Last)                                   | (First)    | (Middle) | 3. Date of Earliest Transaction              |  |  |  |  |
|  |            |          | (Month/Day/Year)                             | X Director 10% Owner   |  |  |  |
| 110 - 110TH AVE., NE, SUITE 200 (Street) |            |          | 05/13/2008                                   | Officer (give title Other (specify below)  |  |  |  |
|  |            |          | 4. If Amendment, Date Original               | 6. Individual or Joint/Group Filing(Check  |  |  |  |
| BELLEVUE                                 | , WA 98004 | 1        | Filed(Month/Day/Year)                        | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |
| (City)                                   | (State)    | (Zip)    | Table I - Non-Derivative Securities Ac       | Acquired, Disposed of, or Beneficially Own   |  |  |  |
|  |            |          |  |  |  |  |  |

|   |                 |                     | Table   | 1 - MOII-De | erivative S         | ecuii     | iles Ac      | quired, Disposed of, of Deficiciany Owned |              |              |  |
|---|-----------------|---------------------|---|-------------|---------------------|-----------|--------------|---|--------------|--------------|--|
|   | 1.Title of      | 2. Transaction Date | 2A. Deemed                                      | 3.          | 4. Securit          | ies       |              | 5. Amount of                              | 6. Ownership | 7. Nature of |  |
| į | Security        | (Month/Day/Year)    | Execution Date, if                              | Transactio  | nAcquired (A) or    |           |              | Securities                                | Form: Direct | Indirect     |  |
|   | (Instr. 3)      |                     | any   | Code        | Disposed of (D)     |           | Beneficially | (D) or                                    | Beneficial   |              |  |
|   |                 |                     | (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) |             | (Instr. 3, 4 and 5) |           |              | Owned                                     | Indirect (I) | Ownership    |  |
|   |                 |                     |   |             |                     | Following | (Instr. 4)   | (Instr. 4)                                |              |              |  |
|   |                 |                     |   |             | (                   |           | Reported     |   |              |              |  |
|   |                 |                     |   |             |                     | (A)       |              | Transaction(s)                            |              |              |  |
|   |                 |                     |   | Code V      | Amount              | or<br>(D) | Price        | (Instr. 3 and 4)                          |              |              |  |
|   | Common<br>Stock | 05/13/2008          |   | A           | 1,500               | A         | \$0          | 11,200                                    | D            |              |  |

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 (9-02)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: BSQUARE CORP /WA - Form 4

|   | . Title of                          | 2.  | 3. Transaction Date (Month/Day/Year) |   | 4.                              | 5.      | 6. Date Exerc<br>Expiration Da   |                    | 7. Title and   | 8. Price of                          | 9. Nu<br>Deriv  |
|---|-------------------------------------|---|--------------------------------------|---|---------------------------------|---------|--|--------------------|--|--------------------------------------|---|
| 5 | Derivative<br>Security<br>Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Monin/Day/Year)                     | execution Date, if<br>any<br>(Month/Day/Year) | Transacti<br>Code<br>(Instr. 8) |         | of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, |                    | Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4 | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|   |                                     |   |                                      |   | Code V                          | <i></i> | Date<br>Exercisable  | Expiration<br>Date | Title Amour<br>or<br>Number<br>of                        | er                                   |   |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

JURGENSEN ELLIOTT REN JR 110 - 110TH AVE., NE SUITE 200 BELLEVUE, WA 98004

 $\mathbf{X}$ 

## **Signatures**

/s/ Brian T. Crowley for Elliott H. Jurgensen, Jr. by Power of Attorney

05/14/2008

\*\*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.

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