CUNNINGHAM MASTON N

Form 4

December 21, 2009

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

OMB 3235-0287

Estimated average

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Number: January 31, Expires: 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **CUNNINGHAM MASTON N**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

TRI VALLEY CORP [TIV]

(Check all applicable)

President & Chief Op Officer

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 05/15/2009

Filed(Month/Day/Year)

Director 10% Owner X_ Officer (give title

below)

Other (specify below)

4550 CALIFORNIA AVE #600

4. If Amendment, Date Original

Applicable Line) _X_ Form filed by One Reporting Person

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting Person

BAKERSFIELD, CA 93309

(City) (State) (Zip)

(Street)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (T)

Ownership (Instr. 4) (Instr. 4)

(9-02)

(A) Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Reported

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)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securities (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5))			
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amous Number Shares
Stock Option - Right To Buy (1)	\$ 1.28					01/14/2009(2)	01/14/2014	Common stock	100,0
Stock Option - Right To Buy (1)	\$ 1.1	05/15/2009	05/15/2009	A	100,000	05/15/2009(3)	05/15/2014	Common stock	100,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CUNNINGHAM MASTON N 4550 CALIFORNIA AVE #600 BAKERSFIELD, CA 93309

President & Chief Op Officer

Signatures

MASTON N CUNNINGHAM 12/21/2009

**Signature of Reporting Person Da

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).
- (1) Incentive stock option granted under Issuer's 2005 Stock Option Plan
- Vests 10,000 shares 1/14/09; 15,000 shares 6/30/09; 15,000 shares 12/31/09; 15,000 shares 6/30/10; 15,000 shares 12/31/10; 15,000 shares 6/30/11; and 15,000 shares 12/31/11, provided continuous employment with the issuer on the date of vesting
- (3) Vests 10,000 shares 5/15/09; 15,000 shares 12/31/09; 15,000 shares 6/30/10; 15,000 shares 12/31/10; 15,000 shares 6/30/11; 15,000 shares 12/31/11; and 15,000 6/30/12, provided continuous employment with the issuer on the date of vesting

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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