

MURPHY RICHARD  
Form 3  
February 15, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â CROSS RIVER CAPITAL MANAGEMENT LLC			(Month/Day/Year)	Enservco Corp [ENSV]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
456 MAIN STREET, 2ND FLOOR,Â				(Check all applicable)	
(Street)				___ Director	<input checked="" type="checkbox"/> 10% Owner
RIDGEFIELD,Â CTÂ 06877				___ Officer	___ Other
(City)	(State)	(Zip)		(give title below)	(specify below)
				6. Individual or Joint/Group Filing(Check Applicable Line)	
				___ Form filed by One Reporting Person	
				<input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	4,414,500	D <sup>(1)</sup>	Â
Common Stock	4,414,500	I	See footnote <sup>(2)</sup>

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CROSS RIVER CAPITAL MANAGEMENT LLC 456 MAIN STREET, 2ND FLOOR RIDGEFIELD, CT 06877	^	^ X	^	^
Cross River Partners LP 456 MAIN STREET, 2ND FLOOR RIDGEFIELD, CT 06877	^	^ X	^	^
MURPHY RICHARD C/O CROSS RIVER CAPITAL MANAGEMENT LLC 456 MAIN STREET, 2ND FLOOR RIDGEFIELD, CT 06877	^	^ X	^	^

## Signatures

Cross River Capital Management LLC, By: /s/ Richard Murphy, Name: Richard Murphy, Title: Managing Member	02/15/2013
__Signature of Reporting Person	Date
Cross River Partners LP, By: /s/ Richard Murphy, Name: Richard Murphy, Title: Managing Member of Cross River Capital Management LLC, its General Partner	02/15/2013
__Signature of Reporting Person	Date
/s/ Richard Murphy, Name: Richard Murphy	02/15/2013
__Signature of Reporting Person	Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) The reported securities are directly owned by Cross River Partners LP.
- (2) The reported securities are directly owned by Cross River Partners LP a limited partnership managed by Cross River Capital Management LLC, and may be deemed indirectly beneficially owned by Cross River Capital Management LLC as the investment manager of Cross River Partners LP. The reported securities may also be deemed indirectly beneficially owned by Richard Murphy as Managing Member of Cross River Capital Management LLC.

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### Remarks:

The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of

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.