#### BSQUARE CORP/WA Form 4

November 13, 2008

## FORM 4

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

**OMB APPROVAL OMB** 

3235-0287 Number: January 31, Expires:

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Check this box if no longer subject to Section 16. Form 4 or

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

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person *\bigsep VANDERMEULEN KENDRA |   |                | uer Name <b>and</b><br>ol<br>UARE COR |   |                    |            | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)   |  |   |  |  |
|--|---|----------------|---------------------------------------|---|--------------------|------------|--|--|---|--|--|
| (Last)   | (First) (M                              | Middle) 3. Dat | 3. Date of Earliest Transaction       |   |                    |            | (Check all applicable)   |  |   |  |  |
|  |   | (Mont          | h/Day/Year)                           |   |                    |            | _X_ Director   | 109  | % Owner   |  |  |
| 110 - 110TH AVENUE, NE, SUITE 200                                    |   |                | /2008                                 |   |                    |            | Officer (gives below)  | ve title Oth below)  | er (specify   |  |  |
|  | (Street)                                | 4. If A        | mendment, Da                          | te Original                                       |                    |            | 6. Individual or Joint/Group Filing(Check  |  |   |  |  |
| BELLEVUE   | s, WA 98004                             | Filed(         | Month/Day/Year                        | )   |                    |            | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person               |  |   |  |  |
| (City)   | (State)                                 | (Zip) T        | able I - Non-I                        | erivative S                                       | Securi             | ties Ac    | quired, Disposed   | of, or Beneficia   | lly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                 | 2. Transaction Date<br>(Month/Day/Year) |                | Code                                  | 4. Securi<br>onAcquirec<br>Disposec<br>(Instr. 3, | l (A) o<br>l of (E | <b>)</b> ) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock  | 11/11/2008                              |                | A                                     | 1,500   | A                  | \$ 0       | 9,000  | 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

| 1. Title of           | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc            |                 | 7. Titl               |            | 8. Price of | 9. Nu    |
|-----------------------|-------------|---------------------|--------------------|------------|------------|--------------------------|-----------------|-----------------------|------------|-------------|----------|
| Derivative Conversion |             | on (Month/Day/Year) | Execution Date, if | Transacti  | orNumber   | onNumber Expiration Date |                 | Amount of             | Derivative | Deriv       |          |
| Security              | or Exercise |                     | any                | Code       | of         | (Month/Day/              | Year)           | Under                 | lying      | Security    | Secui    |
| (Instr. 3)            | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e                        |                 | Securi                | ities      | (Instr. 5)  | Bene     |
|                       | Derivative  |                     | •                  |            | Securities | 3                        |                 | (Instr.               | 3 and 4)   |             | Owne     |
|                       | Security    |                     |                    |            | Acquired   |                          |                 |                       |            |             | Follo    |
|                       |             |                     |                    |            | (A) or     |                          |                 |                       |            |             | Repo     |
|                       |             |                     |                    |            | Disposed   |                          |                 |                       |            |             | Trans    |
|                       |             |                     |                    |            | of (D)     |                          |                 |                       |            |             | (Instr   |
|                       |             |                     |                    |            | (Instr. 3, |                          |                 |                       |            |             | (2.11541 |
|                       |             |                     |                    |            | 4, and 5)  |                          |                 |                       |            |             |          |
|                       |             |                     |                    |            | i, and 3)  |                          |                 |                       |            |             |          |
|                       |             |                     |                    |            |            |                          |                 |                       | Amount     |             |          |
|                       |             |                     |                    |            |            | Date<br>Exercisable      | Expiration Date | or<br>Title Num<br>of | or         |             |          |
|                       |             |                     |                    |            |            |                          |                 |                       | Number     |             |          |
|                       |             |                     |                    |            |            |                          |                 |                       | of         |             |          |
|                       |             |                     |                    | Code V     | (A) (D)    |                          |                 |                       | Shares     |             |          |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

VANDERMEULEN KENDRA 110 - 110TH AVENUE, NE SUITE 200 BELLEVUE, WA 98004

X

## **Signatures**

/s/ Brian T. Crowley for Kendra VanderMeulen by Power of Attorney

11/13/2008

\*\*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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