Edgar Filing: TIGER TELEMATICS INC - Form 4

TIGER TEL	EMATICS INC											
Form 4												
November 10	0, 2004											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHA										Expires:	January 31, 2005	
				ANGES IN BENEFICIAL OW SECURITIES					NERSHIP OF	Estimated average		
					XI	TIES				burden hours per		
Form 4 o Form 5		cuent to S	action 1	6(a) of the		Socuritio	o Eve	hongo	A at of 1024	response 0.5		
obligation	ns Section 17(-	e Act of 1934, 1935 or Sectior	1		
may cont See Instru	inue.			•		Company	•			1		
1(b).	uction	()							-			
(Print or Type F	Responses)											
1 Name and A	ddrass of Paparting	Darson *	. .			T . 1 T			5 Deletionship of	Doporting Dor	on(s) to	
Q 11 Q			er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
	•		Symbol TIGER	TELEM	Δ'	TICS INC		TLI				
(Lest)	(Einst) (N	(Eddla)					/[10	,12]	(Check all applicable)			
(Last)	(First) (N	Aiddle)	3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director 10% Owner				
GIZMONDO 1 MEADOW GATE 11/08/2				-					Officer (give title Other (specify			
	FARNBOROUGI		11,00,2	001					below)	below)		
BUSINESS	PARK											
	(Street)		4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
				d(Month/Day/Year)					Applicable Line)			
									X Form filed by C Form filed by M			
FARNBOR	OUGH, X0 GU14	4 6FG							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-J	De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.		4. Securitie	-		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	n Date, if			(A) or Disp			Securities	Form: Direct		
(Instr. 3)		any (Month/D	Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)						Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		X		(Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
				a .			or	D .	Transaction(s) (Instr. 3 and 4)			
Common				Code V		Amount	(D)	Price				
Stock	11/08/2004			А		200,000	А	<u>(1)</u>	400,000	D		

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

Persons who respond to the collection of 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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Carroll Steve GIZMONDO 1 MEADOW GATE AVENUE Х FARNBOROUGH BUSINESS PARK FARNBOROUGH, X0 GU14 6FG Signatures /s/ Steve Carroll 11/10/2004 **Signature of 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).

(1) Grant of shares by Company for in part completing development and launch of Gizmondo. No dollar amount paid for the shares.

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.

Reporting Person