## Edgar Filing: Schaffer Shelly B. - Form 4

Schaffer Shell	ly B.										
Form 4	0010										
November 09											
FORM	4 UNITED	статес	SECU	DITIES A	ND FY	СНАМС	E COMMISSION	- T	PPROVAL		
	UNITED	SIAILS		shington				Number:	3235-0287		
Check this	box			sington	, <b>D</b> .C. 20	547			January 31,		
if no longe	er STATEN	IENT OI	F CHAI	NGES IN	BENEF	Expires:	2005				
subject to Section 16	CECUDITEC							Estimated	Estimated average burden hours per		
Form 4 or											
Form 5	Filed put	suant to S	Section	16(a) of th	e Securi	ties Exch	ange Act of 1934,	response	. 0.5		
obligations may contin		a) of the l	Public U	Jtility Hol	ding Cor	npany Ao	ct of 1935 or Section	on			
See Instruc		30(h)	of the In	nvestment	Compar	y Act of	1940				
1(b).											
	``										
(Print or Type Re	esponses)										
1. Name and Ad	ldress of Reporting	Person *	2 Icen	er Name and	l Ticker or	Trading	5. Relationship of	of Reporting Per	son(s) to		
Schaffer Shelly B.			2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer				
	2		•	t.com, Inc	. ISPRT	1					
(Least)	(First)	Middle)	••		_	1	(Che	eck all applicabl	ll applicable)		
(Last)	(First) (	Middle)		of Earliest T Day/Year)	ransaction		Director	100	% Owner		
			11/04/2	•			Director X_ Officer (giv				
			11/04/2	2010			below)	lant			
								tive Vice Presic			
	(Street)			If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed			Filed(Mo	onth/Day/Yea	r)		Applicable Line)	Applicable Line) _X_ Form filed by One Reporting Person			
REDWOOD	CITY, CA 950	53						More than One R			
KLD WOOD	CII I, CA )500	55					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of 2	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
•	Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or				Form: Direct	Indirect		
(Instr. 3)				Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		2	(D) or Indirect (I)	Beneficial Ownership		
		(Month/Da	ay/rear)	(IIIstr. 8)	(Instr. 5, 2	(and 5)		(I) (Instr. 4)	(Instr. 4)		
						(A)	Reported		. ,		
						(A) or	Transaction(s)				
				Code V	Amount		(Instr. 3 and 4)				

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3) Price of Derivative Security			(Month/Day/Year)		or (D (In		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option	\$ 6.13	11/04/2010		D		:	50,000	<u>(1)</u>	03/05/2015	Common Stock	50,0

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Schaffer Shelly B. 1900 SEAPORT BLVD 3RD FLOOR REDWOOD CITY, CA 95063			Executive Vice President					
Signatures								

/s/ Greg Wrenn, by power of 11/09/2010 attorney

\*\*Signature of Reporting Person

## **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).

Date

1/3rd of the shares subject to the grant vest on August 21, 2010 and the remaining shares vest at a rate of 1/36th of the shares subject to (1) the grant on each monthly anniversary thereafter up to August 21, 2012.

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.