

FEINSTEIN MICHAEL  
Form 4  
March 16, 2009

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
FEINSTEIN MICHAEL

2. Issuer Name and Ticker or Trading Symbol  
NOCOPI TECHNOLOGIES INC/MD/ [NNUP]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
C/O NOCOPI TECHNOLOGIES INC., 9C PORTLAND ROAD

3. Date of Earliest Transaction (Month/Day/Year)  
03/12/2009

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Chairman of the Board

(Street)  
WEST  
CONSHOHOCKEN, PA 19428

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common stock, \$.01 par value	03/12/2009		P	10,000 A \$ 0.07	2,181,281	D	
Common stock, \$.01 par value					656,000	I	Pension plan
Common stock, \$.01 par value					100,000	I	IRA

Edgar Filing: FEINSTEIN MICHAEL - Form 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.**

SEC 1474  
(9-02)

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number 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. P	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 0.17					04/30/2004	04/29/2009	Common Stock	50,000
Stock Option (Right to Buy)	\$ 0.17					01/01/2005	04/29/2009	Common Stock	100,000
Stock Option (Right to Buy)	\$ 0.1					01/01/2006	04/29/2010	Common Stock	100,000
Stock Option (Right to Buy)	\$ 0.215					01/01/2007	04/29/2011	Common Stock	100,000
Stock Option (Right to Buy)	\$ 0.45					01/01/2009	04/29/2013	Common Stock	100,000

## Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

FEINSTEIN MICHAEL  
C/O NOCOPI TECHNOLOGIES INC.,  
9C PORTLAND ROAD  
WEST CONSHOHOCKEN, PA 19428

X

Chairman of the Board

## Signatures

Michael A.  
Feinstein, M.D. 03/16/2009

\_\_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.