

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response				

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)								
1. Name and Address of Reporting Person* GULATI DHRUV	2. Date of Event Requiring Statement (Month/Day/Year)  04/08/2014							
3375 SCOTT BLVD., SUITE 440			Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) SANTA CLARA, CA 95054			_X_ Director _X_ Officer (give tit below)	all applicable)  10% Owne Other (special below)  Lilien Systems	Applicable I  X Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					wned	
1. Title of Security (Instr. 4)	2. Amount of Secu Beneficially Owne (Instr. 4)		rned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.001 par value 442,883		12,883	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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)	and Expiration Date Month/Day/Year) Securitie Security (Instr. 4)		Security (Instr. 4)	nderlying Derivativ	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Exercisable I		Title Shares	nt or Number of		(I) (Instr. 5)		

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GULATI DHRUV 3375 SCOTT BLVD., SUITE 440 SANTA CLARA, CA 95054	X		EVP, Lilien Systems		

#### **Signatures**

/s/ Dhruv Gulati	04/08/2014
**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).

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.