| Globalstar, Ir Form 4 | nc. | | | | | | | | | | | |
|---|---------------------------------|--|--|--|-------------|--------|---|--|--|---|--|--|
| December 19 | , 2014 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | Number: 3235-0287 | | |
| Check this boxif 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 SECURITIESExpires:Jan Expires:Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires:Jan Expires: | | | | | | | irs per | | | | | |
| (Print or Type R | (esponses) | | | | | | | | | | | |
| | | | 2. Issuer Symbol | suer Name and Ticker or Trading ol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Globals | | | | star, Inc. [GSAT] | | | | (Check all applicable) | | | | |
| 300 HOLIDAY SQUARE BLVD. (Month/Da 12/17/20 (Street) 4. If Amer | | | (Month/D | | | | | Director X Officer (giv below) Ge | | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| COVINGTO | ON, LA 70433 | i | | | | | | Form filed by I Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | quired, Disposed o | of, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Yo | ion Date 2A. Deemed y/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | d of | 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 Indirect Beneficial Ownership (Instr. 4) | | |
| Voting Common Stock | 12/17/2014 | | | S <u>(1)</u> | | D | \$ 2.73 | 107,223 | 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)

Edgar Filing: Globalstar, Inc. - Form 4

| 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|--------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Ponder L Barbee IV 300 HOLIDAY SQUARE BLVD. COVINGTON, LA 70433 | | | General Counsel | | | | | |
| Signatures | | | | | | | | |
| /s/ Bridget C. Hoffman, attorney-in-fa | 12/ | 12/19/2014 | | | | | | |
| <u>**</u> Signature of Reporting F | | 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) These shares were sold to pay required withholding taxes from the vesting of previously reported restricted stock awards.

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.