inContact, In	IC.										
Form 4											
October 08, 2	2014										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL		
	UNITEDSTA		S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
Check the if no long	er			Expires:	January 31,						
subject to		T OF CHAN	F CHANGES IN BENEFICIAL OWNERSHIP OF						2005 average		
Section 1			SECUR	burden hou	irs per						
Form 4 o Form 5			<b>a</b>	response	0.5						
Form 5 obligations 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											
may cont	inue.	30(h) of the In	•	•	· ·			Π			
<i>See</i> Instru 1(b).	iction -	bo(ii) of the in	vestment	Compan	y At	10119	+0				
1(0).											
(Print or Type F	Responses)										
1. Name and A	ddress of Reporting Perso	on <u>*</u> 2. Issuer	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Salem Bassa	Symbol	-					Issuer				
		inConta	inContact, Inc. [SAAS]					(Check all applicable)			
(Last)	(First) (Middle	First) (Middle) 3. Date of Earliest Transaction					(Chee				
	(Month/D	(Month/Day/Year)				Director 10% Owner					
7730 S. UN	10/07/2	10/07/2014				X Officer (give title Other (specify below) below)					
							Chief Business Officer				
	(Street)	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Mor	nth/Day/Year	)			Applicable Line)				
_X_Form filed by O							One Reporting Person More than One Reporting				
SALI LAK	E CITY, UT 84047						Person		1 0		
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aco	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date 2A		3. 4. Securities Acquired				6. Ownership				
Security (Instr. 3)	(Month/Day/Year) Ex		on Date, if Transaction(A) or Disposed of Code (D)				Securities Beneficially	Form: Direct (D) or	Beneficial		
(mout. 5)		Ionth/Day/Year)		8) (Instr. 3, 4 and 5)			-	Indirect (I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
					(A)		Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				2,000		\$		_			
Stock	10/07/2014		М	<u>(1)</u>	А	÷ 3.34	34,424	D			
Common						\$					
Stock	10/07/2014		S	2,000	D	۵ 8.19	32,424	D			
DIOCK						0.17					

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.

## Edgar Filing: inContact, Inc. - Form 4

## 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. Transacti Code (Instr. 8)	5. Number or Derivat Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	ve Expiration Da (Month/Day/ <sup>*</sup>	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of 8 Underlying Securities I (Instr. 3 and 4) 5	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 3.34	10/07/2014		М	2,00 (2)	$\mathbf{n}$	01/18/2016	Common Stock	2,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Salem Bassam 7730 S. UNION PARK AVE SALT LAKE CITY, UT 84047			Chief Business Officer				
Signatures							
/s/ Bassam 10/	/08/2014						

Salem <u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Shares acquired from the exercise of options pursuant to a 10b5-1 Plan.
- (2) Options exercised pursuant to a 10b5-1 Plan.

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.