

(Print or Type Responses)

# 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

| 1. Name and Address of Reporting Person * BODEN GREG  | Statement  | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>-11/17/2011 |                 | 3. Issuer Name and Ticker or Trading Symbol WARP 9, INC. [WNYN] |  |   |  |                                      |   |  |
|---|--|---|-----------------|---|--|---|--|--------------------------------------|---|--|
| (Last) (First) (Middle<br>6500 HOLLISTER AVENUE, SUIT<br>120  | )  | 4. Relationship of Reporti<br>Issuer<br>(Check all appli                |                 |   |  |   | 5. If Amendment, Date Original Filed(Month/Day/Year)   |                                      |   |  |
| (Street) SANTA BARBARA, CA 93117  |  |   |                 |   |  |   | 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                  |                 |   |  |   |  |                                      |   |  |
| 1.Title of Security<br>(Instr. 4)   | ·  | Beneficially Owned Form:  |                 | : Direct<br>or Indirect   | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |   |  |                                      |   |  |
| Common Stock  |  | 52,082  |                 |   |  | 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) |  |   |                 |   |  |   |  |                                      |   |  |
|   | 2. Date Exercisab<br>Expiration Date<br>(Month/Day/Year) | ation Date Securitie  |                 | and Amount of<br>es Underlying<br>ve Security<br>)              |  | 4. Conversio<br>or Exercise<br>Price of<br>Derivative | For<br>De:<br>Sec  | Form of Derivative Security:         | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|   | Date<br>Exercisable                                      | Expiration<br>Date  | Title           | Amount or<br>Number of Sl                                       | hares  | In  |  | rect (D) or<br>lirect (I)<br>str. 5) |   |  |
| Stock Options   | 11/12/2011(1)  | 10/12/2021  | Common<br>Stock | 500,000   |  | \$ 0.004  |  | D                                    |   |  |

### **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| BODEN GREG<br>6500 HOLLISTER AVENUE<br>SUITE 120<br>SANTA BARBARA, CA 93117 | X             |              |         |       |  |  |

## **Signatures**

| /s/ Greg Boden                   | 11/18/2011 |
|----------------------------------|------------|
| ***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).
- (1) These options vest pursuant to the following schedule: 1/48 per month for 48 months, with the first 10,417 stock options vesting on  $\frac{11}{12}$

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.