

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

OMB APPROVAL				
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nours per respons	se 0.5			

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

n* 2. Date	CE (D :								
Stateme	2. Date of Event Requirin Statement (Month/Day/Ye		3. Issuer Name and Ticker or Trading Symbol WARP 9, INC. [WNYN]						
fiddle)	4. Relation Issuer			suer (Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)		
		<u>b</u>	Officer (give title below) Other (specify below)			Applicable Lir _X_ Form file	Individual or Joint/Group Filing(Check opplicable Line) _ Form filed by One Reporting Person Form filed by More than One Reporting Person		
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(24)					1				
	Bene	ficially Owne			ure of Indirect Beneficial Ownership 5)				
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e Security 2. Date Exercisable and 3. Title and Amount of		4. Conversion or Exercise Price of Derivative		5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
Date Exercisable	Expiration Date	Title	Amount or Number of Shar		Ind	irect (Í)			
09/05/2011	07/08/2016	Common Stock	10,000,000	\$ 0.003		D			
	(Zip) each class of securition respond to the form displays a current Expiration Da (Month/Day/Year) Date Exercisable	(Zip) 2. An Bene (Instruction of corm displays a currently valid	(Zip) Table I - 2. Amount of Secure Beneficially Owned (Instr. 4) Table I - 2. Amount of Secure Beneficially Owned (Instr. 4) The control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information form displays a currently valid OMB control of the collection of information formation form	CZip Table I - Non-Derivation	A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Securities Insuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Reporting Perso Issuer (Check all applicable) A. Relationship of Securities Insuer (Chec	A. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director	A. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner 1		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
VAN NOY ANDREW 6500 HOLLISTER AVENUE SUITE 120 SANTA BARBARA, CA 93117	X					

Signatures

/s/ Andrew Van Noy	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).

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.