IKONICS CORP Form 4 August 18, 2008

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

1.Title of

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * ULLAND WILLIAM C			2. Issuer Name and Ticker or Trading Symbol IKONICS CORP [IKNX]	5. Relationship of Reporting Person(s) t Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Sheen an applicable)			
4832 GRAND	AVENUE		(Month/Day/Year) 08/14/2008	_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) Chairman of the Board and CEO			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			
DULUTH, MN 55807				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

Table I - Non-Derivative Securitie

TransactionAcquired (A) or

4. Securities

Disposed of (D)

(Instr. 3, 4 and 5)

DOLOTTI, N	111 33607		
(City)	(State)	(Zip)	Table I Non De

2. Transaction Date 2A. Deemed

(Month/Day/Year)

s Acquired, Disposed of, or Beneficially Owne								
5. Amount of	6.	7. Nature of						
Securities	Ownership	Indirect						
Beneficially	Form:	Beneficial						
Owned	Direct (D)	Ownership						
Following	or Indirect	(Instr. 4)						
Reported	(I)							

			(4)		Reported	(1)
			(A)		Transaction(s)	(Instr. 4)
			or		(Instr. 3 and 4)	
Code	V	Amount	(D)	Price	(IIIsti. 5 and 4)	
				Φ 0		

Common 08/14/2008 Stock	G	3,525	D	0 0 0	235,505	D
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3.

Code

(Instr. 8)

Execution Date, if

(Month/Day/Year)

Common			Held by minor
Common	9,000	Ţ	grandchildren
Stock	2,000	•	granaennaren
			(2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	ritte			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships					
1 6	Director	10% Owner	Officer	Other				
ULLAND WILLIAM C 4832 GRAND AVENUE	X	X	Chairman of the Board and CEO					
DULUTH, MN 55807								

Signatures

/s/ W. Morgan Burns on behalf of William C.

Ulland 08/18/2008

**Signature of Reporting Person 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) Not applicable.
- (2) Mr. Ulland serves as custodian of these shares which are held by his minor grandchildren.

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.

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