| FORM 4 | 4 |
|--------|---|
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| Check this box if no |
|---------------------------|
| longer subject to Section |
| 16. Form 4 or Form 5 |
| obligations may |
| continue. See |
| Instruction 1(b). |

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

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STATEMENT OF CHANGES IN 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

| (Print or Type Response | es) | | | | | | | | | | |
|--|-----------------|--|--|--------------|-------------|---|---|--|--|--|-------------------------|
| 1. Name and Address of Piluso Charles M. | | 2. Issuer Name and Data Storage Cor | | ading | Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_DirectorX_10% Owner | | | | |
| 401 FRANKLIN A | VENUE, SUITE 10 | • | . Date of Earliest Tra 08/09/2013 | ansaction (M | onth/l | Day/Year) | | X_Officer (give title below)Other (specify below) Pres/CEO/CFO/Chairman | | | |
| GARDEN CITY, N | 4 | . If Amendment, Da | te Original F | iled(M | onth/Day/Ye | ar) | 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 Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | (Instr. 8) | | 4. Securit (A) or Di (Instr. 3, - Amount | sposed of | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership |

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) | | | | | | | | | | | | | | | |
|--|------------|--------------------------|---|------|------|---------------|--------------|---|--------------------|--|-------------------------------------|--------------------------------------|--|---|---------------------------------------|
| 1. Title of Derivative Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion | | (A) ed of | 6. Date Exerci: Expiration Dat (Month/Day/Y | e | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| 10% Convertible Note due 4/30/14 | \$ 0.15 | 08/09/2013 | | А | | \$ 100,000 | | 08/09/2013 | 04/30/2014 | Common Stock | 666,667 | <u>(1)</u> | \$ 100,000 | D | |
| Warrants (right to buy) | \$ 0.15 | 08/09/2013 | | А | | 66,667 | | 08/09/2013 | 02/28/2023 | Common Stock | 66,667 | <u>(1)</u> | 66,667 | D | |

Reporting Owners

| | Relationships | | | | | | | | |
|--|---------------|--------------|-----------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Piluso Charles M. 401 FRANKLIN AVENUE SUITE 103 GARDEN CITY, NY 11530 | Х | х | Pres/CEO/CFO/Chairman | | | | | | |

Signatures

 /s/ Charles M. Piluso
 08/13/2013

 **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) The Reporting Person paid an aggregate of \$100,000 for both the 10% Convertible Note due 4/30/14 and the Warrants.

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.