

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

| OMB APPROVAL      |           |  |  |  |  |
|-------------------|-----------|--|--|--|--|
| OMB Number:       | 3235-0104 |  |  |  |  |
| Estimated averag  | e burden  |  |  |  |  |
| 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

| (Print or Type Respon                                     | ises)                      |   |   |  |  |  |   |   |   |   |  |
|---|----------------------------|---|---|--|--|--|---|---|---|---|--|
| Name and Address of Reporting Person * Hoffman Joseph B.  |                            | Statem  | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>-12/16/2011 |  | 3. Issuer Name and Ticker or Trading Symbol Data Storage Corp [DTST] |  |   |   |   |   |  |
| (Last) (First) (Middle)<br>401 FRANKLIN AVENUE, SUITE 103 |                            | ddle)   |   |  | 4. Relationship of Reporting Person(Issuer                           |  |   | ı(s) to   | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)   |   |  |
| (Street) GARDEN CITY, NY 11530                            |                            |   |   |  | (Check all a  _X_ Director Officer (give title below)                |  | applicable)10% OwnerOther (specify below) |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person |   |  |
| (City)  | (State) (Z                 | Zip)  | Table I - Non-Derivative Securities Beneficially Owned                  |  |  |  |   |   | vned  |   |  |
| 1.Title of Security<br>(Instr. 4)                         |                            | ·   | 2. Amount of Se<br>Beneficially Ow<br>(Instr. 4)                        |  |  | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 5) |   | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |   |  |
| Common Stock  |                            |   | 0   |  |  |  | D   |   |   |   |  |
| Reminder: Report on                                       | Persons who unless the for | respond to the rm displays a c                    | collection of urrently valid  | information cont<br>OMB control num<br>Owned (e.g., puts,                        | tained in the mber.  |  | , options, co                             | nvertib   | le securities)  | <u> </u>  |  |
| (Instr. 4)  |                            | 2. Date Exerc<br>Expiration Da<br>(Month/Day/Year | ate   | 3. Title and Amount of<br>Securities Underlying Deriva<br>Security<br>(Instr. 4) |  | Price of<br>Derivative   |   | Form<br>Derive<br>Secur                               | rivative<br>curity:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|   |                            | Date<br>Exercisable                               | Expiration<br>Date  | Title  | Amor<br>or<br>Numl<br>of<br>Share                                    | ber  | In  |   | ect (D) or irect (I) str. 5)  |   |  |
| Options (1)   |                            | 05/27/2010  | 05/25/2019  | 2009 Equity<br>Incentive Plan<br>2008 BOD<br>Participation<br>Issued             |  | )58  | \$ 0.3161                                 |   | D   |   |  |
| Options (1)   |                            | 01/01/2011  | 12/30/2019  | 2009 Equity<br>Incentive Plan<br>2009 BOD<br>Participation<br>Issued             |  | 388  | \$ 0.36                                   |   | D   |   |  |
| Options (1)   |                            | 12/17/2011  | 12/15/2020  | 2009 Equity<br>Incentive Plan<br>2010 BOD<br>Participation                       | _  | 286  | \$ 0.35                                   |   | D   |   |  |

Issued

## **Reporting Owners**

| Danauting Owner Name /   | Relationships |              |         |       |  |  |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |  |
| Hoffman Joseph B.<br>401 FRANKLIN AVENUE<br>SUITE 103<br>GARDEN CITY, NY 11530 | X             |              |         |       |  |  |

## **Signatures**

| /s/ Joseph Hoffman              | 12/16/2011 |
|---------------------------------|------------|
| **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) Options vest 20% on 1 year anniversary and 1.67% per month until fully vested.

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.