| F | ORM | 5 |
|---|----------------------|--------|
| | Check this box if no | longer |

Г

Reported

| | Check this box if no longer | |
|---|---------------------------------|---|
| | subject to Section 16. Form 4 | |
| | or Form 5 obligations may | A |
| | continue. See Instruction 1(b). | |
| | Form 3 Holdings Reported | |
| - | Form 4 Transactions | |

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES hours per response..

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 [*] Hoffman Joseph B. | | 2. Issuer Name and Ticker or Trading Symbol Data Storage Corp [DTST] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---------------|--|--|------------|---|--|---|--|--|---|
| (Last) | (First) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) . 12/31/2013 | | | Officer (give title below) Officer (give title below) | her (specify belo | ow) | | |
| C/O DATA STOR | AGE CORPOR | ATION, 48 | | | | | | | | |
| SOUTH SERVICE | E ROAD, SUITE | E 203 | | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Reporting (check applicable line) | | | | | | | |
| MELVILLE, NY 11747 | | | _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person | | | | | | | |
| (City) | (State) | 1 | Fable I - Non-De | rivative S | ecuritie | s Acqu | red, 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. Securi (A) or D (Instr. 3, Amount | isposed c | f(D) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |

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** SEC 2270 (9-02) **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 | 2. | 3. Transaction | 3A. Deemed | 4. | 5. Numb | er | 6. Date Exercis | sable and | 7. Title and | Amount | 8. Price of | 9. Number | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transaction | of Derivative Expiration Date | | of Underlying Derivativ | | Derivative | of | Ownership | of Indirect | | |
| Security | or Exercise | (Month/Day/Year) | any | Code | (| | Securities Security | | Security | Derivative | Form of | Beneficial | | |
| (Instr. 3) | Price of | | (Month/Day/Year) | | | | | (Instr. 3 and 4) (Inst | | · / | | | Ownership | |
| | Derivative | | | | or Dispos | sed | | | | | | Beneficially | 2 | (Instr. 4) |
| | Security | | | | of (D) | | | | | | | | Direct (D) | |
| | | | | | (Instr. 3, | 4, | | | | | | or Indirect | | |
| | | | | | and 5) | - | | | | | | (I) (I) | | |
| | | | | | | | | | | Amount | | Fiscal Year | (Instr. 4) | |
| | | | | | | | Date | Expiration | | or | | (Instr. 4) | | |
| | | | | | | | Exercisable | Date | Title | Number | | | | |
| | | | | | | | Literensuore | Duit | | of | | | | |
| | | | | | (A) | (D) | | | | Shares | | | | |
| Stock | | | | | 33,333 | | | | Common | 33.333 | | | _ | |
| Options | \$ 0.15 | 12/13/2013 | | A | (1) | | 12/13/2014 | 17/13/2023 | Stock | (1) | \$ 0.15 | 33,333 (1) | D | |
| options | | | | | | | | | Stock | | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| Hoffman Joseph B. C/O DATA STORAGE CORPORATION 48 SOUTH SERVICE ROAD, SUITE 203 MELVILLE, NY 11747 | Х | | | | | |

Signatures

| /s/ Joseph B. Hoffman | 02/19/2020 |
|---------------------------------|------------|
| **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) $\frac{11,111}{2016}$ of the options vested on December 13, 2014, 11,111 of the options vested on December 13, 2015, and the remaining 11,111 options vested on December 13, 2016.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.