#### FORM 4

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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

(Print or Ty	pe Resp	onses)													
1. Name and Address of Reporting Person * KUMAR AMIT				2. Issuer Name and Ticker or Trading Symbol COPYTELE INC [COPY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner					
(Last) (First) (Middle) C/O COPYTELE, INC., 900 WALT WHITMAN ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/21/2014						Officer (give title Other (specify below)					
(Street) MELVILLE, NY 11747				4. If Amendment, Date Original Filed(Month/Day/Year)						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) (Zip	))	Table I -	Non-D	eriva	tive Sec	uritie	s Acqui	red, Disposed of	f, or E	Beneficia	lly Owne	d	
1.Title of S (Instr. 3)	ecurity	2. Transaction Date (Month/Day/Year)	Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acq (A) or Disposed (D) (Instr. 3, 4 and 5)		sed of	5. Amount of Securities Beneficially Owne Following Reporte			Bene	lirect ficial	
					Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		or Indire (I) (Instr. 4)	`	. 4)	
Common	Stock	03/21/2014			P		5,000	A	\$ 0.285	513,804		D			
Common	Stock	03/21/2014			P		10,000	A	\$ 0.29	523,804		D			
Common	Stock	03/24/2014			P		30,000	A	\$ 0.29	553,804		D			
Common	Stock	03/24/2014			P		10,000	A	\$ 0.2875	563,804		D			
Common	Stock	03/24/2014			P		50,000	A	\$ 0.285	613,804		D			
Reminder:		n a separate line for	each cl	ass of securit	ies benef	icial	y owned								
	·					ir re	nformat equired	ion c to re	ontaine spond	d to the collect d in this form unless the for control numbe	are n m dis	ot		(9-02)	
				ative Securiti						eficially Owned					
1. Title of	2.	3. Transaction	3.4	A. Deemed	4.	opu	5.		6. Date		7. Title			9. Number	

1. Title of	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Secu	rities			(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Following	Direct (D)		
					(A) c	r						Reported	or Indirect		
					Disp	osed						Transaction(s)	(I)		
					of (D	)						(Instr. 4)	(Instr. 4)		
					(Instr	: 3,									
					4, and	d 5)									
										Amount					
							Dete	E		or					
							Date	Expiration Date	Title	Number					
							Exercisable	Date		of					
				Code V	(A)	(D)				Shares					

### **Reporting Owners**

Donouting Oromon Nomes / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KUMAR AMIT C/O COPYTELE, INC. 900 WALT WHITMAN ROAD MELVILLE, NY 11747	X							

#### **Signatures**

/s/ Amit Kumar	03/24/2014
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).

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.