# FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL			
OMB	3235-		
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response	0.5		

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 Responses)								
1. Name and Address of Reporting Person * Stender Tisha	Stateme (Month	2. Date of Event Requiring Statement (Month/Day/Year) — 07/08/2014		quiring 3. Issuer Name and Ticker or Trading Symbol COPYTELE INC [COPY]				
(Last) (First) (Middle) C/O COPYTELE, INC., 900 WALT WHITMAN ROAD	077007			Person(s) to I (Check	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  DirectorX_ Officer (give Other (specify title below) below)  Chief Operating Officer		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) MELVILLE, NY 11747				X_ Officer (g			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)		Ta	ble I	- Non-Derivati	ve Securities	Beneficially	y Owned	
1.Title of Security (Instr. 4)		2. Amount of Beneficially ( (Instr. 4)		nt of Securities Ily Owned	Ownership	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
required to renumber.	respond to spond unle	the colle	ectior orm d	of information isplays a curre	contained in t ntly valid OME	his form are 3 control		
Table II - Derivative Sec								
(Instr. 4) and Expiration Date (Month/Day/Year) S		Secu	tle and Amount of rities Underlying vative Security r. 4)	4. Conversion or Exercise Price of	Ownership Form of Operivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expiration Date Title Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)					

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships			
Reporting Owner Hume / Humess	Director	10% Owner	Officer	Other
Stender Tisha				
C/O COPYTELE, INC.			Chief Operating Officer	
900 WALT WHITMAN ROAD				
MELVILLE, NY 11747				

### **Signatures**

/s/ Tisha Stender	07/17/2014
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

#### No securities are beneficially owned

- \* 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).

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.