ELECTRO SENSORS INC Form 3 June 19, 2013 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Type Responses)

1. Name and Address of Reporting Person <u>*</u> KLENK DAVID L		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ELECTRO SENSORS INC [ELSE]				
(Last) (First)	(Middle)	06/14/2013	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
6111 BLUE CIRCLE	DRIVE				× ×		
(Street)			(Check all applicable) 6. Individual or Joint/Group			lual or Joint/Group	
MINNETONKA, M	NÂ 55343		XDirector Officer (give title below)	10% Ow Other) (specify below)	_X_ Form Person	eck Applicable Line) filed by One Reporting filed by More than One Person	
(City) (State)	(Zip)	Table I - I	Non-Derivativ	ve Securities	Beneficially	y Owned	
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)	Owned	Ownership O	Nature of Indi wnership nstr. 5)	irect Beneficial	
Reminder: Report on a sepa owned directly or indirectly		ch class of securities benefic	cially SE	C 1473 (7-02)			
infor requi curre	mation conta red to respo ently valid OM	oond to the collection of ained in this form are no nd unless the form disp MB control number.	t lays a				
Table II - De	erivative Secur	rities Beneficially Owned (a	e.g., puts, calls, v	varrants, optior	ıs, convertible	securities)	
1. Title of Derivative Secur (Instr. 4)	Expir	ration Date Securit	and Amount of ies Underlying tive Security 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting Owner Hume / Humess	Director	10% Owner	Officer	Other			
KLENK DAVID L 6111 BLUE CIRCLE DRIVE MINNETONKA, MN 5534	ÂX 3	Â	Â	Â			
Signatures							
/s/ David L. 06/1 Klenk	8/2013						
**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.