FORM 4	
Charle this have if a	

(Drint on True D

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN 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 Responses) 1. Name and Address of Reporting Person -	-	2. Issuer Name and	Ticker or	Fradii	ng Symbo	ol		5. Relationship of Reporting Person(s) to Issuer		
CUNNINGHAM BLAIR GRAEME	Coda Octopus Gro					(Check all applicable) Director 10% Owner					
(Last) C/O CODA OCTOPUS GROUP, IN 25TH STREET, 6TH FLOOR	C ACANTERT	3. Date of Earliest Transaction (Month/Day/Year) 06/19/2008						X Officer (give title below) Other (specify below) Chief Technology Officer			
(Street) NEW YORK, NY 10001		4. If Amendment, Da	te Original	Filed	(Month/Day	/Year)	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	able I - Nor	1-Der	ivative S	ecurities	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	eution Date, if Code (A) or Disposed of (D)				of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership	7. Nature of Indirec Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$0.001 par value	06/19/2008		А		11,682	A	\$ 0	522,946	Ι	See Footnote	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are 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., put:	s, ca	ılls, w	arran	ts, options, co	nvertible secu	rities)					
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	5. Ni of	umber vative rities uired or osed O) r. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		able and 7. Title and Amount of Underlying ar) Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Options	\$ 1.00							(2)	05/01/2001	Common Stock	200,000		0	D	
Warrants	\$ 1.30							09/20/2007	05/05/2012	Common Stock	25,000		0	Ι	Softworks Business Systems Solutions Ltd.
Warrants	\$ 1.70							09/20/2007	05/05/2012	Common Stock	25,000		0	Ι	Softworks Business Systems Solutions Ltd.

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CUNNINGHAM BLAIR GRAEME C/O CODA OCTOPUS GROUP, INC. 164 WEST 25TH STREET, 6TH FLOOR NEW YORK, NY 10001			Chief Technology Officer					

Signatures

/s/ Blair Cunningham	06/30/2008
**Signature of Reporting Person	Date

Explanation of Responses:

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Out of this amount, the current acquired shares plus 228,477 shares are directly and beneficially owned by the Reporting Person. Furthermore, the remaining 282,787 shares are indirectly owned through Softworks Business Systems Solutions Ltd. of which entity the reporting person acts as a Director.

(2) Immediate

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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).