## Edgar Filing: POLLOCK LARRY I - Form 4

| POLLOCK I   | LARRY I                            |  |                       |                     |                            |           |  |                              |                                       |                     |  |
|---|------------------------------------|--|-----------------------|---------------------|----------------------------|-----------|--|------------------------------|---------------------------------------|---------------------|--|
| Form 4  |                                    |  |                       |                     |                            |           |  |                              |                                       |                     |  |
| August 16, 20   | 011                                |  |                       |                     |                            |           |  |                              |                                       |                     |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION |                                    |  |                       |                     |                            |           | OMB AF   | OMB APPROVAL                 |                                       |                     |  |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION        |                                    |  |                       |                     |                            |           | OMB  | 3235-0287                    |                                       |                     |  |
| Check thi   | s box                              |  | Was                   | shington,           | D.C. 205                   | 49        |  |                              | Number:                               |                     |  |
| if no longer  |                                    |  |                       |                     |                            |           | 0110   |                              | Expires:                              | January 31,<br>2005 |  |
| subject to STATEMENT OF CHANGES IN                      |                                    |  |                       |                     | IN BENEFICIAL OWNERSHIP OF |           |  |                              | Estimated average                     |                     |  |
| Section 1   |                                    | SECURITIES   |                       |                     |                            |           |  |                              | burden hours per                      |                     |  |
| Form 4 or<br>Form 5                                     |                                    | urguant to   | Section 1             | 6(a) of the         | Socuritie                  | o Ev      | hong   | e Act of 1934,               | response                              | 0.5                 |  |
| obligation  | <b>1</b> 0                         |  |                       |                     |                            |           | U  | 1935 or Section              | n                                     |                     |  |
| may conti   | inue.                              |  |                       | •                   | Company                    | •         |  |                              | 1                                     |                     |  |
| See Instru<br>1(b).                                     | iction                             | 50(11)   | of the m              | vestment            | company                    | 1101 (    | 51 1 7 4   | 0                            |                                       |                     |  |
| 1(0).   |                                    |  |                       |                     |                            |           |  |                              |                                       |                     |  |
| (Print or Type R  | Responses)                         |  |                       |                     |                            |           |  |                              |                                       |                     |  |
|   |                                    |  |                       |                     |                            |           |  |                              |                                       |                     |  |
|   |                                    |  |                       |                     |                            | -         | f Reporting Person(s) to                         |                              |                                       |                     |  |
| POLLOCK   | LARRY I                            |  | Symbol                | bol                 |                            |           |  | Issuer                       |                                       |                     |  |
|   |                                    |  |                       | E SECURITY          |                            |           |  | (Check all applicable)       |                                       |                     |  |
|   |                                    |  |                       | NATIONAL INC [Mace] |                            |           |  |                              |                                       |                     |  |
| (Last)  | (First)                            | (Middle)   | 3. Date of            | Earliest Tra        | ansaction                  |           |  | _X_ Director                 |                                       | Owner               |  |
| (Month/D  |                                    |  | /Day/Year)            |                     |                            |           | Officer (give title Other (specify below) below) |                              |                                       |                     |  |
| 240 GIBRALTAR, SUITE 220 08/15/20                       |                                    |  | 2011                  |                     |                            |           |  |                              |                                       |                     |  |
|   |                                    |  | ndment, Date Original |                     |                            |           | 6. Individual or Joint/Group Filing(Check        |                              |                                       |                     |  |
|   |                                    |  | Ionth/Day/Year)       |                     |                            |           | Applicable Line)                                 |                              |                                       |                     |  |
|   |                                    |  |                       |                     |                            |           |  | _X_Form filed by C           | One Reporting Per<br>lore than One Re |                     |  |
| HORSHAM   | , PA 19440                         |  |                       |                     |                            |           |  | Person                       |                                       | porting             |  |
| (City)  | (State)                            | (Zip)  | Tabl                  | o I - Non-D         | orivativo Sa               | ocuriti   | es A cau   | uired, Disposed of           | or Bonoficial                         | v Owned             |  |
| 1 77'41 (   | от <i>(</i> : р                    | ( )A D   |                       |                     |                            |           | -  |                              |                                       | -                   |  |
| 1.Title of<br>Security                                  | 2. Transaction D<br>(Month/Day/Yea | ned3.4. Securities Acquireda Date, ifTransaction(A) or Disposed of (D) |                       |                     |                            |           | 5. Amount of<br>Securities                       | 6. Ownership<br>Form: Direct |                                       |                     |  |
| (Instr. 3)  | (                                  | Code (Instr. 3, 4 and 5)   |                       |                     |                            |           | Beneficially                                     | (D) or                       | Beneficial                            |                     |  |
|   |                                    | (Month/I   | Day/Year) (Instr. 8)  |                     |                            |           |  | Owned                        | Indirect (I)                          | Ownership           |  |
|   |                                    |  |                       |                     |                            |           |  | Following<br>Reported        | (Instr. 4)                            | (Instr. 4)          |  |
|   |                                    |  |                       |                     |                            | (A)       |  | Transaction(s)               |                                       |                     |  |
|   |                                    |  |                       | Code V              | Amount                     | or<br>(D) | Price  | (Instr. 3 and 4)             |                                       |                     |  |
| Common  |                                    |  |                       |                     |                            | (D)       | \$   |                              |                                       |                     |  |
| Stock   | 08/15/2011                         |  |                       | Р                   | 200,000                    | А         | ф<br>0.2   | 200,000                      | D                                     |                     |  |
|   |                                    |  |                       |                     |                            |           |  |                              |                                       |                     |  |

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 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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Addre                                       | ess        | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| POLLOCK LARRY I<br>240 GIBRALTAR<br>SUITE 220<br>HORSHAM, PA 19440 | Х          |               |         |       |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| Larry Pollock  | 08/15/2011 |               |         |       |  |  |  |  |
| <u>**</u> Signature of<br>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.