FORM 4	
Check this box if no	

(Print or Type Responses)

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

 

 ions See
 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Ro Mohr Robert Russell	eporting Person <sup>*</sup>		2. Issuer Name <b>and</b> Ticker or Trading Symbol BEACON ENTERPRISE SOLUTIONS GROUP INC [BEAC.OB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
1961 BISHOP LANE	(First)		3. Date of Earliest Transaction (Month/Day/Year) 05/08/2009					Chief Accounting O	fficer			
LOUISVILLE, KY 402	(Street) 218	2	4. If Amendment, Date 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)	Table I - Non-Derivative Securities Acqu				Acqu	ired, Disposed of, or Beneficially Owr	ied			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	(A) or	of (D)	· · · · · · · · · · · · · · · · · · ·	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.	
Persons who re	spond to the colle

Persons who respond to the collection of information contained SEC 1474 (9-02) 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)														
1. Title of		3. Transaction	3A. Deemed	4.				6. Date Exerc		7. Title and			9. Number of		11. Nature
	e Conversion		Execution Date, if					Expiration Da		of Underly		Derivative		Ownership	
Security		(Month/Day/Year)		Code		Securities		(Month/Day/							Beneficial
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8		Acquired				(Instr. 3 and	d 4)	(Instr. 5)		Derivative	
	Security					or Dispose of (D)	ea							Security: Direct (D)	(Instr. 4)
	Security					(Instr. 3, 4	L							or Indirect	
						and 5)	,						Transaction(s)		
											Amount			(Instr. 4)	
								Date	Expiration	<b>T</b> . 1	or				
								Exercisable	Date	Title	Number				
				Code	V	(A)	(D)				of Shares				
										Common					
Options										stock,					
(right to	\$ 1.2							<u>(1)</u>	03/26/2018	par value	60.000		60,000	D	
purchase										\$0.001	ĺ ĺ		<i>,</i>		
<b>r</b>	/									per share					
										Common					
Ontinue															
Options	<b>*</b> • • •							01/00/2000	01/00/2010	stock,	75.000		125.000	D	
(right to	\$ 0.8							01/09/2009	01/09/2019		75,000		135,000	D	
purchase	;)									\$0.001					
										per share					
										Common					
Options										stock,					
-	\$ 1.10	05/08/2009				250,000		(2)	05/08/2019	par value	250.000	\$ 1.19	295.000	D	
(right to	\$ 1.19	05/08/2009		А		250,000		121	05/08/2019	\$0.001	250,000	\$ 1.19	385,000	D	
purchase	9									per share					
										r					

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Mohr Robert Russell 1961 BISHOP LANE LOUISVILLE, KY 40218			Chief Accounting Officer					

### Signatures

Robert R. Mohr	05/13/2009
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).

(1) The options are exercisable in increments of 20,000, 20,000 and 20,000 shares on March 26, 2009, 2010 and 2011, respectively.

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.