FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	2225 0									

287 Estimated average burden hours per response: 0.5

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol Ocean Power Technologies, Inc. [ OPTT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Dunleavy Charles F</u>				Ocean Fower Technologies, Inc. [ OPTI ]								X Director		10% (	Owner			
					_										(give title		(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below) below)				
C/O OCEAN POWER TECHNOLOGIES, INC.					03/31/2014								CEO and Chairman					
1590 REED ROAD																		
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street)													Line	,	lad by One I	Reporting Pers	on	
PENNIN	IGTON	NJ	08534											_	,	than One Rep		
														Person		шан Опе кер	orthing	
(City)		(State)	(Zip)															
		Tal	ole I - Non	-Deriva	ative	e Se	curities	Acc	uired, [	Dist	oosed o	f, or Bei	neficiall	y Owned				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially O  1. Title of Security (Instr. 3)  2. Transaction  2. Deemed  3. 4. Securities Acquired (A) or 5									<del>.</del>	5. Amount of 6. Ow		7. Nature of						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4				Securitie Beneficia	s I	orm: Direct	Indirect Beneficial			
										Code (Instr.   5)				Owned F	ollowing   (Ì) (lı	D) or Indirect I) (Instr. 4)	Ownership	
									Code V		Amount (A) or		Price	Reported Transact	tion(s)		(Instr. 4)	
								Code	<u> </u>	Amount	(D) P11		(Instr. 3 a	and 4)				
			Table II - D											Owned				
			(0	e.g., pu	ıts,	calls	s, warra	ants,	options	s, c	onvertik	ole secu	rities)					
1. Title of	2.	3. Transaction	3A. Deemed						6. Date Exercisable and			7. Title and		8. Price of	9. Number		11. Nature	
Derivative Security	Conversio or Exercis		Execution Da		ansac ode (Ir		Securities					Amount of Securities		Derivative Security	derivative Securities	Ownersh Form:	ip of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)					` Acquired (A)   ` ' Un					Underlying Derivative Security		(Instr. 5)	Beneficially Owned	ially Direct (D) or Indirect				
					of (D) (Instr. 3, 4 and 5)			(Instr. 3 and 4)					Following Reported	(I) (Instr.				
				-	3, 4 and 3)			3,						-	Transaction(s)	n(s)		
								Ш					Amount or		(Instr. 4)			
								Ш	Date		Expiration		Number of					
				Co	ode	V	(A)	(D)	Exercisabl	le [	Date	Title	Shares					
Employee Stock																		
Option	\$3.73	03/31/2014		I	A		5,115 <sup>(2)</sup>		(1)		03/30/2024	Common Stock	5,115	\$0	5,115	D		
(Righ to Buy)								Ιl										

## **Explanation of Responses:**

- 1. Fully vested and exercisable on the date of grant.
- 2. Granted in accordance with a salary reduction agreement dated December 11, 2013. In accordance with this agreement, the grantee voluntarily reduced his cash salary compensation and in consideration of this reduction elected to receive incentive stock options equal in value to the aggregate reduction in base salary.

/s/ Charles F. Dunleavy

04/02/2014

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.