FORM 4

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: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* The Control of the Con | | | | | | 2. Issuer Name and Ticker or Trading Symbol GOLD RESERVE INC [GRZ] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|-------|---------------------------------|--|---|------|--|-------------------------------------|--------------------|---|-----------------|----------------------------------|---|--|---|---|---------------|--|
| TIMM ROCKNE J | | | | | | / 1 1 | <u>J ICLO</u> | LICY | LIIIO | L | 102] | | | | X | Direc | ctor | 10 | % O | wner |
| (Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Offic belov | er (give title v) | | her (low) | specify |
| C/O GOLD RESERVE CORP | | | | | | 01/11/2010 | | | | | | | | | Chief Executive Officer | | | | | |
| 926 W. SPRAGUE AVENUE, SUITE 200 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SPOKANE WA 99201 | | | | | | ' | | | | | | | Forn | rm filed by One Reporting Person | | | | | | |
| | JI OKANE WA 99201 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secui Benet | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | Code V | | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Class A Common Shares 01/11/2 | | | | | | /2010 | | | | | 1,926 | 5 | D | \$1.48 | | 1,325,325 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction Code (Inst | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | str. 3 | 8. Price o Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | |

Explanation of Responses:

Mary E. Smith, Attorney in Fact for Rockne J. Timm

01/12/2010

** Signature of Reporting Person

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.