FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

0.5

hours per response:

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

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 and Ticker or Trading Symbol GOLD RESERVE INC [ GRZ ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
TIMM ROCKNE J						SSES TERRITOR [ SIZE ]								X Director			:	L0% C	wner		
															X	Offic	er (give title		Other	(specify	
(Last) (First) (Middle)					3. D	3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov			elow)		
C/O GOLD RESERVE CORP						01/26/2010									Chief Executive Officer						
926 W. SPRAGUE AVENUE, SUITE 200					-																
,					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														'	,	Forn	a filed by On	o Donortin	, Doro	on	
SPOKAN	JE W	A 9	99201											X Form filed by One Reporting Person							
					.										Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)													1 013	011				
(- 5)	(		1-7																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, o	r Ben	eficia	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action				3.								6. Owners		7. Nature		
				Date (Month/I	Dav/Yea	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)		3, 4 a					orm: Direct D) or Indirect	of Indirect Beneficial				
(WOTHING)					,									Owned		d Following		l) (Instr. 4)	Ownership		
								Code	v	Amount		(A) or Price		Reported Transaction(s)		action(s)			(Instr. 4)		
								Code	Ľ	Amount	(D) PICE		(Instr. 3 and 4		3 and 4)						
Class A Common Shares 01/26/					5/2010	/2010			S		5,000		D	\$1.27		1,301,125		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		10									onvertib				y Ov	viieu					
1. Title of	2.	4.	. 5. Number 6. Date Exercisable and 7. Title and					g Dr	ice of	9. Number o	of 10.		11. Nature								
Derivative	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deem		Transa	ransaction		n of i		Expiration Date			Amount of		Derivative		derivative	Owne	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of		if any (Month/Da	v/Year)	Code (Ins /Year) 8)		str. Derivative (		(Month/D	ar)	Securities Underlying			Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(	.,,,,,,,,	y, rear, jo,		Acquired						Derivative		(111511110)		Owned	or Ind	or Indirect	(Instr. 4)				
Security					(A) or Disposed of (D)						Security (Instr. 3 and 4)		3		Following Reported	(I) (Ins	(I) (Instr. 4)				
							of (D)			""" '						Transaction		(s)			
								(Instr. 3, 4 and 5)									(Instr. 4)				
				F		<del>-                                      </del>			Amoun			ł									
									or	ount											
								Date	- [,	Expiration		Nur of	nber								
					Code	v	(A)		Exercisal		Date	Title		res							

**Explanation of Responses:** 

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

01/26/2010

\*\* 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.