FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 Proceedings of Reporting Person The Control of Proceedings of Proceedings of Reporting Person The Control of Proceedings of Proceedings of Proceedings of Person The Control of Proceedings of Procedure Person The Control of Proceedings of Procedure Person The Control of Proceedings of Proceedings of Proceedings of Procedure Person The Proceedings of Procedure Person The Proceedings of Procedure Person The Proceedings of Proceedings of Proceedings of Procedure Person The Procedure Person The Proceedings of Procedure Person The Proceedings of Procedure Person The Procedure 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						<u> </u>	ТС			<u></u>	J				X	Direc	ctor		10% C	wner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									X Office below				(specify		
C/O GOLD RESERVE CORP						01/14/2010									Chief Executive Officer						
926 W. SPRAGUE AVENUE, SUITE 200																					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SPOKANE WA 99201					I								m filed by One Reporting Person								
															Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.					d 5)	Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	· v	Amount	mount (A) or (D)		Price		Transaction(s) (Instr. 3 and 4)				(mour 4)	
Class A Common Shares 01/14/2						:010					10,000	D \$1.		\$1.34	45 ⁽¹⁾	1,315,325		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)	rivative Conversion Date Executive or Exercise (Month/Day/Year) if any								6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)	Date Exerci	isable	Expiration Date	Title	or Nu of	ımber							

Explanation of Responses:

1. The sale prices for this transaction ranged from \$1.31 to \$1.40. The filer hereby agrees to provide, upon request, full information regarding the number of shares sold at each separate price.

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

01/14/2010

** 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.