OMB AP	PROVAL
OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated av	•
response	. 0.5
	OMB Number: Expires: Estimated at burden hour response

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> May James E.		2. Date of Event Requiring Statement (Month/Day/Year)		³ 3. Issuer Name and Ticker or Trading Symbol WHITNEY INFORMATION NETWORK INC [RUSS]				
(Last)	(First)	(Middle)	09/10/2009		4. Relationsh Person(s) to l	ip of Reporting Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O WHITNEY INFORMATION NETWORK, INC., 1612 EAST CAPE CORAL PARKWAY (Street) CAPE CORAL, FL 33904				(Check all applicable) Director 10% Owner _XOfficerOther (give title below) (specify below) Chief Adm Officer&Gen Counsel		 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 - N	Non-Deriva	tive Securit	ies Be	neficially Owned
1.Title of Secu (Instr. 4)	rity			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	*
Common St	ock			0		D	Â	
Reminder: Report on a separate line for each class of securities beneficie owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displa currently valid OMB control number.				t z	SEC 1473 (7-02	2)		

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

Edgar Filing: May James E. - Form 3

		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
1	hepoteng of her rune / runess		10% Owner	Officer	Other		
May James E. C/O WHITNEY INFORMATION NETWORK, INC. 1612 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33904		Â	Â	Chief Adm Officer&Gen Counsel	Â		
Signature	S						
/s/ James E. May	y 09/16/2009						
<u>**</u> Signature of Reporting Person	Date						
Explanati	on of Responses:						

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.