FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| ours per respon | se 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 OF SECURITIES

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | | |
|---|----------------|---------------|---|--|---|------------------------|-----|------------------------|-------|----------------------------|--|--------------------|--|--|--|--|--|--|
| Name and Address of Reporting Person * Burns Robert Stephen | | | | 2. Issuer Name and Ticker or Trading Symbol HARRIS & HARRIS GROUP INC /NY/ [TINY] | | | | | | | | | 1 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) 1450 BROADWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2013 | | | | | | | | | X Officer (give title below) Other (specify below) Senior Vice President | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| NEW YORK, NY 10018 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City | r) | (State) | (2 | Zip) | | | Tab | ole I - | Non- | Deri | vative S | ecuritie | s Acq | uired, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo | | | 2A. Deemed Execution Date any (Month/Day/Y | | | Cod (Inst | | (A) or Disposed of (D) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Co | ode | V | Amoun | (A) or | Price | e | | | | (Instr. 4) |
| Common Stock 06/14/2013 | | | 2013 | | | | | P | | 1,500 | A | \$ 3.27 | 138 580 | | | D | | |
| | | | Т | | | | | | quire | the f | orm dis | splays of, or B | a curi enefici | rently validable | d OMB co | espond un ntrol numb | | 02) |
| 1. Title of | l _a | 3. Transactio | n 2 A | (e. L. Deemed | . <i>g</i> ., p | uts, calls | | | | | ate Exer | | | s) Title and | 9 Dries of | 9. Number | of 10. | 11. Natur |
| | Conversion | | Year) Ex | ecution Date | | if Transaction Code | | of | | and Expirati (Month/Day | | on Date | Ar Ur Se | Amount of Underlying Securities (Instr. 3 and | | Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | | | Code | V | (A) | (D) | Date Exer | | Expirat Date | ion Ti | Amount or the Number of Shares | | | | |
| Repor | ting O | wners | 1 | | | | | | | | | | | | | | , | |
| Relationships | | | | | | | | | | | | | | | | | | |
| Reporting Owner Name / Address Director 10% Ow | | | | ner Officer | | | | | O | ther | | | | | | | | |
| Burns Ro | bert Steph | en | | | | | | | | | | | | | | | | |

Signatures

1450 BROADWAY

NEW YORK, NY 10018

| /s/ Jackie Matthews by Power of Attorney | 06/17/2013 | | | |
|--|------------|--|--|--|
| **Signature of Reporting Person | Date | | | |

Explanation of Responses:

- * 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).

Senior Vice President

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.