FORM 4

Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. []

See Instruction 1(b).

<TABLE>

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed	d pursuant to Section 18(a) Holding Company Act of					Jtility	

							TABLE>							
	ress of Reporting Person*			er Name and Ticker	or T	rading S	Symbol							
Cohan	Richard	S.	eB2B	Commerce, Inc. (E	BTB)									
(Last)			Numb	or Social Security er of Reporting on (Voluntary)		Stateme Month/N								
757 Third Avenu	ue					August	2001							
	(Street)					If Amer								
New York,	New York	10017				(Month,	f Original /Year)							
(City)	(State)	(Zip)												
CAPTION>														
:S>														
	p of Reporting Person(s) to		_											
Check all appl:	icable)													
Dii	rector	10% Owner												
X Of:	ficer (give title below)	Other (specify below)												
	hief Executive Officer		_											
. Individual (che	or Joint/Group Reporting eck applicable line) d by One Reporting Person													
	d by More than One Person													
			_											
:/TABLE>														
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TABLE I - NON-		JIRED, DISPOSED OF, C	R BENEFICIALLY OW	NED										
/TABLE>														
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. Title of Sec (Instr. 3)	curity	2. Trans- action Date (Month/ Day/ -	3. Trans- action Code (Instr. 8)	or Disposed	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)									
		Year)		Amount	(A) o	r (D)	Price (per Share)							
Common Stock		8/6/01	P	1,000	A		\$.19							
Common Stock		8/6/01	P	3,000	A		\$.21							
Common Stock		8/8/01	P	8**,**000	A		\$.18							

Common Stock			8/13	3/01		P		, 700	A	\$
TABLE>										
CABLE>		<c></c>			<c></c>					
Amount of Securitie Beneficia Owned at End of Mo (Instr. 3	s lly nth	6. Owners	Direct Indirect (I)			Nature of Indirect Beneficial Ownership (Instr. 4)				
51,70	0	D								
wned directl	y or indirectl is filed by mo	rate line for ea .y. re than one rep			bene	eficially Page 1 of 2				
ORM 4 (CONTI		/ATIVE SECURITIE	S ACOUIRED, I	DISPOSED (OF, OI	3				
111	BENEF	CICIALLY OWNED ANTS, OPTIONS, O	E.G., PUTS, O	CALLS,		· ·				
ΓABLE> S>		<c></c>	<c></c>	<c></c>		<c></c>			<c></c>	
Title of D Security (sion or action tion Derivativ Exercise Date Code Securitie Price of (Month/ (Instr. 8) Acquired		5. Number of Derivative Securities Acquired (A) or Disposed	of			tion Date /Year)		
				Code	V	(A)	(D)		Date Exercis- able	Expi- ration Date
/TABLE>										
TABLE>										
S> 		<c></c>	<c></c>			<c></c>	<c></c>			
Underlying (Instr. 3		Derivative Security (Instr. 5)	9. Number Derivat Securit Benefic Owned a End of Month (Instr	tive ties cially at	10.	Ownership of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)		of Ir Benef Owner	re ndirect ficial rship tr. 4)	
Title	Amount or Number of Shares	-								

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-	
-	
-	

Explanation of Responses:

**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.

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