FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB A	APPROVAL
OMB	3235
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(Print or Ty	pe Respo	nses)																
1. Name ar Burke Ru		s of Reporting Pe	erson *	2. Issuer N Symbol Mandalay				Ü	I	5. Relationship of Repossuer (Check all	orting Person applicable)	, í						
	ISTBOX ΓΑΙΝΜΕ			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2009						X_ Officer (give title Other (specify below) below) See Remarks					X_ Officer (give title Other (specify below)			
SHERMA	`	Street) XS, CA 91423		4. If Amend Filed(Month/		ate C	Original		A	o. Individual or Joint/C Applicable Line) X_ Form filed by One Repo Form filed by More than	rting Person	`						
(City)	((State) (Z	Zip)	Table I	Non-Do	eriv	ative Secu	rities	Acquir	red, Disposed of, or F	Beneficially (Owned						
1.Title of S (Instr. 3)	,	2. Transaction Date (Month/Day/Yea	Execu any	Deemed attion Date, if th/Day/Year)	Code		4. Securi (A) or D (D) (Instr. 3,	ispos	ed of	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D)	Beneficial Ownership						
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)						
Common \$.0001 pa per share	ar value	03/16/2009			A		48,000	A	\$ 0.0001	48,000 (1)	D							
Reminder:		a separate line fo	r each cl	ass of securit	ies benef	icial	ly owned											
						iı r	nformati equired	on co to re	ontaine spond u	d to the collection of the din this form are nunless the form discontrol number.	ot	SEC 1474 (9-02)						
		Table II		ative Securiti	-	ired	l, Dispose	d of,	or Bene	ficially Owned								
1 Title of	2	2 Transaction		Daamad	14		5			1	and & D	rice of 0 N						

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1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	oer	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secur	ities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqui	ired			4)			Following	Direct (D)	
					(A) or	r						Reported	or Indirect	
					Dispo							Transaction(s)	(I)	
					of (D))						(Instr. 4)	(Instr. 4)	
					(Instr.									
					4, and	15)								
										Amount				
							Date	Emminotion.		or				
							Date Exercisable	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address		Relatio	onships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Burke Russell C/O TWISTBOX ENTERTAINMENT, INC. 14242 VENTURA BOULEVARD, 3RD FLOOR SHERMAN OAKS, CA 91423			See Remarks	

Signatures

/s/ Russell Burke	03/17/2009
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).
 Represents shares of restricted stock granted under the Mandalay Media Inc. (the "Company") 2007 Employee, Director and Consultant Stock Plan. The shares of restricted stock are subject to forfeiture to the Company in the event that Mr. Burke terminates his position as an officer of Twistbox Entertainment, Inc. before 3/16/2010. In addition, the right of forfeiture will lapse in its entirety upon a change of control of the Company.

Remarks

Mr. Burke is Senior Vice President and Chief Financial Officer of Twistbox Entertainment, Inc., a whollyowned subsidiary of the Company.

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.