FORM 4	UNITED STATES SE
Check this box if no	

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

CURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

I	OMB APP	ROVAL
	OMB	3235
	Number:	0287
	Expires: Nov	vember 30 2011
	Estimated av burden hours	
	response	0.5

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

(Print or Type Respo	11868)											
1. Name and Addres Lucero Lisa	2. Issuer Name and Ticker or Trading Symbol NeuMedia, Inc. [MNDL.OB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)(First)(Middle)C/O TWISTBOX3. Date of Earliest Transaction (Month/Day/Year)ENTERTAINMENT, INC., 1424212/29/2011VENTURA BOULEVARD, 3RD12/29/2011					- t	Officer (give title Other (specify below) below) See Remarks						
(SHERMAN OAK		4. If Amendment, Date Original Filed(Month/Day/Year)					A	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 -	Non-De	riva	tive Securi	ties A	cqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	ution Date, if Transaction Ac Code Di			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Ownership of Ind Form: Benef Direct (D) Owne	Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$.0001 par value per share	12/29/2011			А		500,000	A	\$0	500,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of	SEC 1474
information contained in this form are not	(9-02)
required to respond unless the form displays a	
currently valid OMB control number.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Nu	ımber		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)	De	Derivative		Securities (Instr. 5		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				Se	curitie	es			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Ac	quire	d			4)			Following	Direct (D)	
					(A) or							Reported	or Indirect	
					Di	spose	d						Transaction(s)	(I)	
					of	(D)							(Instr. 4)	(Instr. 4)	
						istr. 3	·								
					4,	and 5)								
											Amount				
								Data	Emination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code V	(A	(I))				Shares				

Reporting Owners

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

Signatures

/s/ Lisa Lucero	01/06/2012
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).

Remarks:

Ms. Lucero is the Chief Financial Officer of Twistbox Entertainment, Inc., a wholly-owned 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.