# FORM 4

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

OMB APPI	ROVAL
OMB Number:	3235-0287
Expires: Noven	nber 30, 2011
Estimated averag	je burden
hours per respons	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, 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 Ty	pe Response	s)														
1. Name and Address of Reporting Person * 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 TWISTBOX ENTERTAINMENT, INC., 14242 VENTURA BOULEVARD, 3RD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2012						X_ Officer (give title below) Other (specify below)  See Remarks						
(Street) SHERMAN OAKS, CA 91423				4. If Amendment, Date Original Filed(Month/Day/Year) 01/09/2012						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	·)	(State)	(Zip)		T	able I	- Nor	ı-Der	rivative	Securitie	s Acqu	iired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any (Instr. 8) (Instr. (Month/Day/Year)		(A) or I	o) or Disposed of (D) Bestr. 3, 4 and 5) Re (In		Beneficia Reported (Instr. 3 a	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock, \$.0001 par value per share 01/03/2012 <sup>(1)</sup>			A 500,000 A \$ 0		\$ 0	500,000			D							
Reminder:	Report on a s	separate line to		Derivative S	ecurit	ties Ac	equire	Pers cont the f	sons whatained if form dis	no respo n this fo splays a	orm ar curre	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transactio		(e.g., puts, ca		5.	ts, op					itle and	8. Price of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	ersion Date (Month/Day/ of ative	te Execution Da onth/Day/Year) any	te, if Transaction Code Year) (Instr. 8)						Am Und Sec	nount of derlying curities str. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivati Security Direct ( or Indire	of Indirect Beneficial Ownershi (Instr. 4)	
								Date		Expiration		Amount				

### **Reporting Owners**

		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	01/23/2012
**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).
- (1) The transaction date was incorrectly stated in the reporting person's original Form 4.

#### 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.