

Kimberly Jeff T
 Form 4/A
 December 05, 2008

FORM 4

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

OMB APPROVAL

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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 Type Responses)

1. Name and Address of Reporting Person *
 Kimberly Jeff T

2. Issuer Name and Ticker or Trading Symbol
 Global Resource CORP [GBRC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 426 OAKSHADE ROAD
 (Street)

3. Date of Earliest Transaction
 (Month/Day/Year)
 09/15/2008

___ Director ___ 10% Owner
 ___X___ Officer (give title below) ___ Other (specify below)
 President

SHAMONG, NJ 08088
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
 12/04/2008

6. Individual or Joint/Group Filing(Check Applicable Line)
 ___X___ Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number of Shares
<u>Options (1)</u>	\$ 1.18	09/15/2008			A		300,000		<u>(2)</u>	<u>(2)</u>	Common Stock	300,000
<u>Options (1)</u>	\$ 1.18	09/15/2008			A		300,000		09/23/2009	09/23/2019	Common Stock	300,000
<u>Options (1)</u>	\$ 1.18	09/15/2008			A		300,000		09/23/2010	09/23/2020	Common Stock	300,000
<u>Options (1)</u>	\$ 1.18	09/15/2008			A		300,000		09/23/2011	09/23/2021	Common Stock	300,000
<u>Options (1)</u>	\$ 1.18	09/15/2008			A		300,000		09/23/2012	09/23/2022	Common Stock	300,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kimberly Jeff T 426 OAKSHADE ROAD SHAMONG, NJ 08088			President	

Signatures

/s/ Jeffrey
Kimberly

12/05/2008

**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) These Options were granted to the Reporting Person by the Issuer subject to the approval of the stockholders of the Issuer.

(2) These Options are exercisable immediately upon the approval of their grant by the stockholders of the Issuer and exprie ten years from the date of such approval.

(3) N/A.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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