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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						

hours per response:	0.5

Instruct	tion 1(b).			File							ties Exchan ompany Act		f 1934			<u> </u>			1
1. Name and Address of Reporting Person* <u>WYNNEFIELD PARTNERS SMALL</u> <u>CAP VALUE LP</u>								ker or Tr TLSR		Symbol				eck all app Direc Offic	blicable) ctor er (give title	Ū	Other	Owner (specify	
(Last) (First) (Middle) 450 SEVENTH AVENUE						oate of 08/20		st Trans	saction (Month	I/Day/Year)				belov	w)		below)
SUITE 509 (Street) NEW YORK NY 10123				- 4. If	Amer	idment,	, Date c	of Origin	al File	d (Month/Da	ay/Year)		6. In Line)) Forn	n filed by O n filed by M	ne Re	ng (Check / porting Per an One Rej	son	
(City)			(Zip)		-							Pers	5011						
		Tab	le I - No	on-Deriv	/ative	Sec	uritie	es Aco	quired	l, Dis	sposed o	of, or E	Benefi	ciall	y Owne	ed			
1. Title of S	1. Title of Security (Instr. 3)		2. Transa Date (Month/D	Execution Date,		Execution Date, if any Transaction Disposed Of (D) (Instr. 3, 4 a					Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) o (D)	r Pric	e	Transac (Instr. 3	tion(s)			(11501 4)
Preferred	Stock, par	value \$.01 per s	hare ⁽¹⁾	05/08/	2015				Р		228	A	\$1	1.25	12	2,537		D ⁽²⁾	
Preferred	Stock, par	value \$.01 per sl	hare ⁽¹⁾	05/08/	2015				Р		380	A	\$ <mark>1</mark>	1.25	19	1,745		T 1	See Footnote ⁽³⁾
Preferred	Stock, par	value \$.01 per sl	hare ⁽¹⁾	05/08/	2015				Р		142	A	\$ <mark>1</mark>	1.25	92	2,983			See Footnote ⁽⁴⁾
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/		4. Transa Code (8) Code		of	iired r osed) r. 3, 4	6. Date Expirat (Month) Date Exercis	ion Da /Day/Y		7. Title Amour Securit Under! Derivat Securit and 4)	it of ties ying	3 Tr	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Name and Address of Reporting Person*

WYNNEFIELD PARTNERS SMALL CAP VALUE LP

(Last)	(First)	(Middle)							
450 SEVENTH AVENUE									
SUITE 509									
p									
(Street)									
NEW YORK	NY	10123							

(City) (State) (Zip)

1. Name and Address of Reporting Person *
WYNNEFIELD PARTNERS SI

MALL CAP VALUE LP I

(Last)	(First)	(Middle)
450 SEVENTH	AVENUE	
SUITE 509		
,		
(Street)		
NEW YORK	NY	10123

(City)	(State)	(Zip)
1. Name and Address o	f Reporting Person [*]	
WYNNEFIELD	SMALL CAP V	ALUE
OFFSHORE FU	<u>JND LTD</u>	
	7	
(Last)	(First)	(Middle)
450 SEVENTH AV	ENUE	
SUITE 509		
(Street)		
NEW YORK	NY	10123
,		
(City)	(State)	(Zip)
1. Name and Address o	f Reporting Person*	
	RTNERSHIP II I	L P
(Last)	(First)	(Middle)
450 SEVENTH AV	ENUE	
SUITE 509		
,		
(Street)		
NEW YORK	NY	10123
,		
(City)	(State)	(Zip)
1. Name and Address c	f Reporting Person [*]	
	O CAPITAL MAI	<u>NAGEMENT</u>
LLC		
(Last)	(First)	(Middle)
450 SEVENTH AV	ENUE	
SUITE 509		
(Street) NEW YORK	NY	10102
	IN I	10123
(City)	(State)	(Zip)
1. Name and Address c	f Reporting Person*	
	CAPITAL INC	
(Last)	(First)	(Middle)
450 SEVENTH AV		(
SUITE 509	LITOL	
5011E 505		
(Street)		
NEW YORK	NY	10123
(City)	(State)	(Zip)
1. Name and Address o	f Reporting Person*	
OBUS NELSO		
,		
(Last)	(First)	(Middle)
450 SEVENTH AV	ENUE	
SUITE 509		
,		
(Street)		10105
NEW YORK		10123
	NY	
		(Zin)
(City)	(State)	(Zip)
1. Name and Address c	(State) of Reporting Person*	(Zip)
	(State) of Reporting Person*	(Zip)
1. Name and Address of LANDES JOSH	(State) If Reporting Person [*]	
1. Name and Address c LANDES JOSE (Last)	(State) f Reporting Person [*] IUA (First)	(Zip) (Middle)
1. Name and Address of LANDES JOSH	(State) f Reporting Person [*] IUA (First)	

SUITE 509		
(Street) NEW YORK	NY	10123
(City)	(State)	(Zip)

Explanation of Responses:

1. 12% Cumulative Exchangeable Redeemable Preferred Stock, par value \$.01 per share (the "Preferred Stock"), of Telos Corporation (TLSRP) ("Telos").

2. On May 8, 2015 Wynnefield Partners Small Cap Value, L.P. (the "Partnership") purchased 228 shares of Preferred Stock reported herein. As a consequence, the Partnership directly beneficially owns 122,537 shares of Preferred Stock. Wynnefield Capital Management, LLC ("WCM"), as the sole general partner of the Partnership, has an indirect beneficial ownership interest in the shares of Preferred Stock that the Partnership directly beneficially owns. Nelson Obus and Joshua Landes, as co-managing members of WCM, have an indirect beneficial ownership interest in the shares of Preferred Stock that the Partnership directly beneficially owns.

3. On May 8, 2015 Wynnefield Partners Small Cap Value, L.P. I ("Partnership-I") purchased 380 shares of Preferred Stock reported herein. As a consequence, Partnership-I directly beneficially owns 191,745 shares of Preferred Stock, to which the Partnership has an indirect beneficial ownership as members of a group under Section 13(d) of the Securities Exchange Act of 1934, as amended. Partnership-I, which maintains offices at the same address as the Reporting Person, is filing this statement jointly with the Reporting Person. WCM, as the sole general partner of Partnership-I has indirect beneficial ownership interest in the shares of Preferred Stock that Partnership-I directly beneficially owns. Mr. Obus and Mr. Landes, as co-managing members of WCM, have an indirect beneficial ownership interest in the shares of Preferred Stock that Partnership-I directly beneficially owns.

4. On May 8, 2015 Wynnefield Small Cap Value Offshore Fund (the "Fund") purchased 142 shares of Preferred Stock reported herein. As a consequence, the Fund directly beneficially owns 92,983 shares of Preferred Stock, to which the Partnership has an indirect beneficial ownership as members of a group under Section 13(d) of the Securities Exchange Act of 1934, as amended. The Fund, which maintains offices at the same address as the Reporting Person, is filing this statement jointly with the Reporting Person. Wynnefield Capital, Inc. ("WCI"), as the sole investment manager of the Fund, has an indirect beneficial ownership interest in the shares of Preferred Stock that the Fund directly beneficially owns. Mr. Obus and Mr. Landes, as principal executive officers of WCI, have an indirect beneficial ownership interest in the shares of Preferred Stock that the Fund directly beneficially owns.

WYNNEFIELD PARTNERS SMALL CAP VALUE, L.P., By: Wynnefield Capital Management, LLC, General Partner; By: /s/Nelson Obus, Managing Member	<u>05/11/2015</u>
WYNNEFIELD PARTNERS SMALL CAP VALUE, L.P. I; By: Wynnefield Capital Management, LLC, General Partner; By: /s/Nelson Obus, Managing Member	<u>05/11/2015</u>
WYNNEFIELD SMALL CAP VALUE OFFSHORE FUND, LTD., By: Wynnefield Capital, Inc.; By: /s/Nelson Obus, President	<u>05/11/2015</u>
<u>CHANNEL PARTNERSHIP</u> <u>II, L.P., By:/s/ Nelson Obus,</u> <u>General Partner</u>	<u>05/11/2015</u>
WYNNEFIELD CAPITAL MANAGEMENT, LLC, /s/ Nelson Obus, Managing Member	<u>05/11/2015</u>
<u>WYNNEFIELD CAPITAL,</u> <u>INC., /s/ Nelson Obus,</u> <u>President</u>	<u>05/11/2015</u>
<u>/s/ Nelson Obus, Individually</u>	<u>05/11/2015</u>
<u>/s/ Joshua Landes, Individually</u>	<u>05/11/2015</u>
** Signature of Reporting Person	Date

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

* 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).

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

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 Number.