FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Ad	Idress of Reporting	g i cison	2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol FORGENT NETWORKS INC [ASUR]					
(Street) PROVIDENC	(First) STONE BLVD EE RI (State)	(Middle) 02906 (Zip)	08/28/2009		Relationship of Reporting Pers (Check all applicable) X Director Officer (give title below)	son(s) to Issu 10% Own Other (spe below)	er 6. Ap	Individual or Joir plicable Line) X Form filed by Person	Date of Original Filed Int/Group Filing (Check Day One Reporting Day More than One Person	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock (\$.01 par value)					125,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) Date Expirate Exercisable Date			ite	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversio or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Jeffrey Vogel

09/11/2009

** 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 5 (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.