(Last)

(Street) SEATTLE (First)

719 SECOND AVENUE, SUITE 1403

WA

C/O ARCHON CAPITAL MANAGEMENT LLC

(Middle)

98104

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to	STA
n Follii 3	

## TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

Section obligati	this box if no long 16. Form 4 or ions may conting tion 1(b).	Form 5	STA		ed purs	uan	t to Secti	on 16(a)	of the S	ecurit	ies Exchanç mpany Act o	ge Act of			SHIP	Estim	nated average s per respons		
Archon Capital Management LLC					<u>E2</u>	2. Issuer Name and Ticker or Trading Symbol  EXPRESS-1 EXPEDITED SOLUTIONS  INC [ XPO ]											X 1	0% Owner other (specify	
(Last) 719 SEC SUITE 1	(Fii OND AVEI 403		Middle)		03/	03/05/2009													
(Street)			4.		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) Forn Y Forn	n filed by Or	d by One Reporting Person		ole			
(City)	(St		Zip)																_
Table I - Noi  1. Title of Security (Instr. 3)  Common Stock  Common Stock			2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date,		3.		4. Securities Acquired (A			5. Am (4 and 5) Secu Bene Owne		nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect of Indirec rect Beneficia Ownershi	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Trans	action(s)		(Instr. 4)		
			03/05/2009					P		89,100	A	. \$	80.693	3,6	551,370	I	See Footnot 1 <sup>(1)</sup>	Footnote	
										43,800	,800 A		\$0.66	3,6	595,170	I	See Footnot 1	Footnote	
Common	Stock			03/09	3/09/2009		Execution Date, if any (Month/Day/Year)    Execution Date, if any (Month/Day/Year)   Partial P			\$0.6		7 3,701,170							
		Та													Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)				ion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		<b>Expiration Date</b>		te	Amount of Securities Underlying Derivative Security (Instr.		C   S   (I	erivative Security	derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	ship of Indirec Beneficia (D) Ownershi rect (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)				Title	or Numl of	ber					
		Reporting Person*  Management	<u>LLC</u>																
(Last) (First) (Midd 719 SECOND AVENUE SUITE 1403		ldle)																	
(Street)	E	WA	981	04															
(City)		(State)	(Zip)	)															
		Reporting Person*	ΓINOS																

-			
(City)	(State)	(Zip)	

## **Explanation of Responses:**

1. The reported securities are directly owned by Certain private investment vehicles managed by Archon Capital Management LLC as general partner of such private investment vehicles. The reported securities may also be deemed beneficially owned by Constantinos Christofilis as Managing Member of Archon Capital Management LLC. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

**Archon Capital Management** 

LLC, By: Constantinos 03/09/2009

Christofilis, Managing Member

Constantinos Christofilis 03/09/2009

\*\* 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 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.