FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigtoii,	D.C.	20549	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

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

hours per response: 0.5

Instruction 1(b). 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 Address of Reporting Person* Archon Capital Management LLC			EX	2. Issuer Name and Ticker or Trading Symbol EXPRESS-1 EXPEDITED SOLUTIONS INC [XPO]									heck all D O	ship of Reporti applicable) irector fficer (give title elow)		X 10% C	wner (specify		
1 7/10 SEC CANITY AVERTILE				3. Date of Earliest Transaction (Month/Day/Year) 12/09/2008															
(Street) SEATTL			98104 Zin)		- 4. If -	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Tra				2A. Deemed Execution D if any (Month/Day/		n Date,	Code (ities Acquired (A) d Of (D) (Instr. 3,			d Sed Bed Ow	Amount of curities neficially ned Following ported	For (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)		Price	Tra	nsaction(s) str. 3 and 4)			(instr. 4)		
Common Stock 12/0			12/09	9/2008				P		12,900	0 .	A	\$0.8	B5	3,481,370		I	See Footnote 1 ⁽¹⁾	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, To Courting or Exercise (Month/Day/Year) If any			Transaction of Code (Instr. Deriva		ative rities ired osed	Expiration Date (Month/Day/Year) Se Urr Se dd Se an			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivativ Security (Instr. 5)	e derivative	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	nber					
		Reporting Person*	LLC																

1. Name and Address of Reporting Person* <u>Archon Capital Management LLC</u>									
(Last)	(First)	(Middle)							
719 SECOND AVENUE									
SUITE 1403									
(Street)									
SEATTLE	WA	98104							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* CHRISTOFILIS, CONSTANTINOS									
(Last)	(First)	(Middle)							
C/O ARCHON CAPITAL MANAGEMENT LLC									
719 SECOND AVENUE, SUITE 1403									
(Street)									
SEATTLE	WA	98104							
(City)	(State)	(Zip)							

Explanation of Responses:

^{1.} The reported securities are directly owned by Certain private investment vehicles managed by Archon Capital Management LLC and may be deemed beneficially owned 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 12/11/2008

LLC, By: Constantinos

Christofilis, Managing Member

Constantinos Christofilis 12/11/2008 ** 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.