<table> <caption></caption></table>								
<s> FORM 4</s>				<	<c></c>	Ammuorio1		
FORM 4	UNITED	STATES S	SECURITIES	AND EXC		S Approval COMMISSI	ON -	
[] Check this box if no		W	VASHINGTO	N, D.C. 20		. ~	OMB Number	: 3295-0287
subject to Section 16 4 or Form 5 obligation		STAT	EMENT OF (CHANGES			nber 30, 1998	Estimated average burden
continue. See Instruc			LIVILIVI OF	MANGLS		irs per resp		Estimated average burden
Filed pursuant to Holding (Print or Type Respons	Company		Securities Exc 5 or Section 3					Itility
								
1.Name and Address of	Reporting	g Person*	2. Issuer Nam	ne and Tick to Issuer	ter or Tradi (Check all	ng Symbol applicable	6. Relations	ship of Reporting Person(s)
Newman II Reginal	1 B.	Rand	Capital Corp.	- RAND		_X!	Director X	10% Owner
(Last) (First) (N	Aiddle)	3. IRS or S	Social 4.	Statement	tor	Othe	er (specify below	7)
	Secui	rity Number	r Month	/Year				
2440 Sheridan Drive		- Person	rτing . (Voluntary)	June 1999 	 	7. Individu	al or Joint/Grou	 p Filing
(Street)	1	1 4	5 If Amendm	ent	(Check	Annlicable	Line)	
		1	Date of Origin Month/Year)	al _X_	Form filed Form filed	by One Re by More th	porting Person an One	
Tonawanda NY	141:	50		\	Reportir	ng Person	un one	
							of, or Beneficial	 ly Owned
1. Title of Security	1.2	Transaction	n 3 Transacti	on 4.Secu	rities Acqu	ired(A) 5.	Amount of 6.0	 wner- 7. Nature
(Instr. 3)	Date	e Cod	de or D	isposed of	(D) Sec	urities sh	ip of	When / in tacare
							orm: Indirect	
	Year)		 	Own	ea at Ena 1 of Month	(D) or	ne- ficial	
	İ	<u> </u>	Amount (A)	Price	(Instr. 3	Indirect O		
			or (D)					
		-		-			-	
Common Stock			P 6,					
	6/4/99	P	2,500 A	\$0.968	800,679	D		
	6/7/99	P	11,000 7	A \$0.937	811,679) D	-	
	6/29/99	9 P	2,000 A	A \$0.937	813,679	D	-	
	6/29/99	9 P	3,000 A	A \$0.968	816,679) D	-	
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Reminder: Report on a	separate 1	ine for each	class of secur	rities benef		ed, directly 74 (7-96)	or indirectly.	(over)

			SEC 17	14 (1-20)												
FORM 4 (CONTINUE	D) TA	BLE II - DI	ERIVATIVE	SECURITI	ES ACQU	RED, DIS	POSED OF, OR	BENEFICIALLY OWNED								
			WARRANTS													
1.Title of Derivative Se								7.Title and Amount								
, , ,	or Exercis			Code		ive	cisabl		of Underlying							
	ce of	rivative			(II	(Month/Da	nstr. 8)	Secay/					ar)	(Instr. 3 and	4)	
	curity		Year)		Disposed				-	•						

		 			Ex	Date Expir- Amount or Exer- ation Title Number of					
		 Code				cisat			Sha		
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(Instr. 4)	(IIISU: 4) 	 									
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' 											
xplanation of Respons	ses:										
		/s	/ Reg	inald E	B. Nev	vman	II				
		**	*Sign	ature o	f Rep	ortin	g Pers	on	Γ	Date	

** 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.

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SEC 1474 (7-96)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number. </TABLE>