EQUUS TOTAL RETURN, INC.

Form 4/A October 02, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Inc.

(Print or Type Responses)

1. Name and Address of Reporting Person * Clayton Sharon

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

EQUUS TOTAL RETURN, INC.

(Check all applicable)

[EQS]

(Middle)

(Last) (First) 3. Date of Earliest Transaction (Month/Day/Year)

_X__ Director Officer (give title X__ 10% Owner _ Other (specify

10757 SOUTH RIVER FRONT PARKWAY, SUITE 125

SOUTH JORDAN, UT 84020

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year) 09/27/2007

09/27/2007

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

(Street)

| (City) | (State) | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|--------------------------------------|---|--|---|---|--------|------------|--|--|---|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 | osed o | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Total Return, | 09/27/2007 | 09/27/2007 | S | 189,716 | D | \$ 7.74 | 1,273,252 | I | See Footnote | |

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|------------------|--------------------|----------------|-------------------------------|--------------------|-----------------------------------|------------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/ e | | Underly Securitic (Instr. 3 | ring es | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Number | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Clayton Sharon 10757 SOUTH RIVER FRONT PARKWAY SUITE 125 SOUTH JORDAN, UT 84020 | X | X | | | | |
| Cianatura | | | | | | |

Signatures

Sharon Clayton 10/02/2007

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).

Remarks:

The securities were previously pledged to the Douglass Trust IV FBO Brooke Douglass and the Douglass Trust IV FBO Sam Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. 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.

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