FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Clague Laura		2. Date of Event Requiring Statement (Month/Day/Year) 08/23/2010  3. Issuer Name and Ticker or Trading Symbol Parametric Sound Corp [ NONE ]									
(Last)	(First)	(Middle)	- 1 33 23 23 23			ationship of Reporting Perso ( all applicable) Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)	JE OF SCIENC				11	Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
SAN DIEGO	CA	92127							X		y More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration (Month/Day		Expiration Da	Date Exercisable and piration Date onth/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		or Exer	Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title	9	Amount or Number of Shares		ive	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Laura Clague</u> <u>08/23/2010</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).