

Rosen Ilan
Form 3
January 03, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Rosen Ilan		(Month/Day/Year)	MAGICJACK VOCALTEC LTD [CALL]	
(Last)	(First)	(Middle)	01/01/2012	
12 BENNY GAON STREET, BUILDING 2B,,Â POLEG INDUSTRIAL AREA			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
NETANYA,Â L3Â			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Ordinary Shares	1,480	D	Â

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

SEC 1473 (7-02)

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 control number.

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Options (right to buy)	Â (1)	12/25/2012	Ordinary Shares	6,154	\$ 14.825	D	Â
Employee Stock Options (right to buy)	Â (2)	04/11/2014	Ordinary Shares	7,828	\$ 8.27	D	Â
Employee Stock Options (right to buy)	Â (3)	10/16/2015	Ordinary Shares	24,000	\$ 0.7125	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Rosen Ilan 12 BENNY GAON STREET, BUILDING 2B, POLEG INDUSTRIAL AREA NETANYA,Â L3Â	Â X	Â	Â	Â

Signatures

/s/ Peter Russo,
attorney-in-fact

01/03/2012

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) The option originally vested quarterly in 16 equal installments beginning on March 25, 2006 and is currently fully vested.
- (2) The option originally vested quarterly in 16 equal installments beginning on July 11, 2007 and is currently fully vested.
- (3) The option vests in 16 equal quarterly installments beginning January 16, 2009 through October 16, 2012. The first 12 installments have already vested.

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Remarks:

TheÂ ReportingÂ PersonÂ isÂ filingÂ thisÂ formÂ inÂ connectionÂ withÂ theÂ IssuerÂ transitioningÂ fromÂ foreignÂ pri

Â ExhibitÂ List:

Â ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

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.