## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 OF SECURITIES

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* Kanouff Yvette Marie				~	2. Issuer Name and Ticker or Trading Symbol SEACHANGE INTERNATIONAL INC [SEAC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(Last) (First) (Middle) 0 NAGOG PARK			,	3. Date of Earliest Transaction (Month/Day/Year) 09/09/2008							Sr VP S	strategic Pin	Bus Dvlp	
(Street) ACTON, MA 01720			4	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _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. Transaction Date (Month/Day/Year)		A. Deemed Execution Date, i	(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		Ownership Form:	'. Nature of Indirect Beneficial Ownership	
						Code	· V	Amoun	Amount (A) or (D)		(mour o u			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		09/09/20	800		F		123		\$ 8.14	57,054			D	
Reminder:	Report on a s	eparate line fo	or each class	s of securiti	ies beneficially c	wned dir	<b>—</b> ~			nd to	the collec	ction of inf	ormation	SEC 1	474 (9-02)
Reminder:	Report on a s	eparate line fo		able II - De	erivative Securi	ties Acqu	Pers cont the	sons whatained in	no responding this for splays a	rm are curre eficial	not requesting ntly valid	uired to res	ormation spond unle trol numbe	ss	474 (9-02)
1. Title of	2.	3. Transactio Date (Month/Day/	n 3A. D Execu Year) any	able II - De (e., Deemed cution Date	<u> </u>	ties Acqu arrants,	Pers contitue the time the tim	sons whatained in form dissipposed of conversate Exerence Expirationth/Day/	or respoin this for splays a sof, or Ben tible secu cisable on Date (Year)	rm are curre reficial rities) 7. T Ame Und Secu (Ins: 4)	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Nat of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

D 41 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kanouff Yvette Marie 50 NAGOG PARK ACTON, MA 01720			Sr VP Strategic Pln Bus Dvlp				

## **Signatures**

/s/ Yvette Marie Kanouff	09/11/2008
**Signature of Reporting Person	Date

## **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).

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.