FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| nours per response | e 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|-------------|--|--|--|--|----|-------------------------|--------------------------------------|------------------------|--------------------|-------------------------------------|---|---|---|--------------------------------------|---------------------|---|
| 1. Name and Address of Reporting Person* GOLDFARB IRA | | | | SEA | 2. Issuer Name and Ticker or Trading Symbol SEACHANGE INTERNATIONAL INC [SEAC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Sr VP Worldwide Sales | | | | | |
| (Last) (First) (Middle) C/O SEACHANGE INTERNATIONAL, 50 NAGOG PARK | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2010 | | | | | | | | Sr v | P Worldwide | Sales | | |
| (Street) ACTON, MA 01720 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City |) | (State) | (Zip) | | | Ta | ble I | - Non | -Der | ivative S | Securities | Acqui | ired, Disp | osed of, or l | Beneficially (| Owned | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Yea | Execution Execut | Deemed cution Da | | Code (Inst | | v | (A) or 1 | Disposed (3, 4 and 5) (A) or (D) | of (D) | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Following (s) | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common | Stock | | 03/16/2010 | | | |] | F | | 9,000 | D | \$ 7.06 | 124,833 | | | D | |
| | • | | or each class of sec | | | | | | Pers conta the f | ons wh ained in | no respo n this for splays a | rm are curre | not requ | OMB con | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | 1 | 1 . | | | | | | s, op | | | tible secu | | | | l . | . | 1 |
| 1. Title of Derivative (Instr. 3) 2. Conversion or Exerci Price of Derivativ Security | | xercise (Month/Day/Year) any (Month/Day/vative | | Date, if | 4. 5. Transaction Number of (Instr. 8) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ative ities ared sed 3, | and Expiration Date (Month/Day/Year) | | Amo Und Secu | ount of derlying urities str. 3 and | | f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownershi (Instr. 4) D) ect | | |
| | | | | | | | | | Date | cisable | Expiratio Date | n Title | Amount or Number | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|-----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| GOLDFARB IRA C/O SEACHANGE INTERNATIONAL 50 NAGOG PARK ACTON, MA 01720 | | | Sr VP Worldwide Sales | | | | |

Signatures

| /s/ Ira Goldfarb | 03/18/2010 |
|---------------------------------|------------|
| **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.