SEC 2	Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

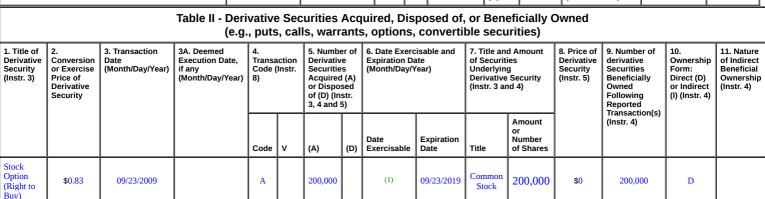
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IN BENEFICIAL OWNERSHIP	OMB Number: 3 Estimated average burden
	Estimated average burden
	hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* HASLER WILLIAM A			2. Issuer Name and Ticker or Trading Symbol Globalstar, Inc. [GSAT]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
HASLER V	<u>VILLIAM A</u>			X	Director	10% Owner		
(Last) C/O GLOBA	i i i i i i i i i i i i i i i i i i i	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/23/2009		Officer (give title below)			
461 S. MILPITAS BLVD.			4. If Amendment, Date of Original Filed (Month/Day/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) MILPITAS	CA	95035		X	Form filed by One Re Form filed by More that Person	, o		
(City)	(State)	(Zip)						

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	tion Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	(I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(1150.4)	



Explanation of Responses:

1. All options were exercisable on the grant date, but a monthly pro-rata portion are subject to forfeiture based on continued service and other conditions.

<u>/s/ Bridget C. Hoffman,</u>	
attorney-in-fact for William A.	
<u>Hasler</u>	

09/24/2009

** Signature of Reporting Person Date

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

* 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.

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.

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