ALTOUNIAN BRIAN

Form 4 June 22, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number: January 31,

Expires: 2005

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **ALTOUNIAN BRIAN** Issuer Symbol XSUNX INC [XSNX] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X_ Director 10% Owner Other (specify Officer (give title 2786 MONTE MAR TERRACE 04/27/2006 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

LOS ANGELES, CA 90064

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired (A) 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (A) Transaction(s) (Instr. 4) (Instr. 3 and 4) Code V Amount (D) Price Common 04/27/2006 S 474,000 2,326,000 D Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4.	5.	6. Date Exerc Expiration D		7. Title and Amount of		
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/Teat)	(Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year)			Underlying Securities (Instr. 3 and	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amo or Num of	nber	

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
ALTOUNIAN BRIAN 2786 MONTE MAR TERRACE LOS ANGELES, CA 90064	X					

Signatures

/s/ Brian
Altounian

**Signature of Reporting Person

O6/02/2006

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. #000000; TEXT-ALIGN: left">None

Aggregate amount beneficially owned by each reporting person

120 (Item 5) 12

Check box if the aggregate amount in row (11) excludes certain shares (SEE INSTRUCTIONS)

Reporting Owners 2

Percent of class represented by amount in row (11)

0.01%
14

Type of reporting person (SEE INSTRUCTIONS)
CO

6

```
CUSIP No. 08986R101
            Names of reporting persons
           I.R.S. identification nos. of
1
            above persons (entities only)
            Gabelli Foundation, Inc.
                 I.D. No. 94-2975159
            Check the appropriate box if
            a member of a group (SEE
            INSTRUCTIONS) (a)
2
            (b)
            Sec use only
3
            Source of funds (SEE
            INSTRUCTIONS)
4
            WC
            Check box if disclosure of
            legal proceedings is required
            pursuant to items 2 (d) or 2
5
            (e)
            Citizenship or place of
            organization
6
             NV
Number Of : <sup>7</sup> Sole voting power
Shares
               250 (Item 5)
Beneficially: 8 Shared voting power
Owned
               None
           : 9 Sole dispositive power
By Each
               250 (Item 5)
Reporting
           :10 Shared dispositive power
Person
With
               None
            Aggregate amount
11
            beneficially owned by each
            reporting person
            250 (Item 5)
12
```

Check box if the aggregate amount in row (11) excludes certain shares (SEE INSTRUCTIONS) Percent of class represented by amount in row (11)

0.01%

Type of reporting person (SEE INSTRUCTIONS)
00-Private Foundation

7

13

CUSIP No. 08986R101 Names of reporting persons I.R.S. identification nos. of above persons (entities only) GGCP, Inc. 1 I.D. No. 13-3056041 Check the appropriate box if a member of a group (SEE INSTRUCTIONS) (a) 2 (b) Sec use only 3 Source of funds (SEE **INSTRUCTIONS**) 4 None Check box if disclosure of legal proceedings is required pursuant to items 2 (d) or 2 5 (e) Citizenship or place of organization 6 Wyoming Number Of : 7 Sole voting power Shares (Item 5) None Beneficially: 8 Shared voting power Owned None Sole dispositive power By Each Reporting None (Item 5) :10 Shared dispositive power Person With None Aggregate amount 11 beneficially owned by each reporting person

	None	(Item 5)
12	amount i	ox if the aggregate in row (11) exclude hares STRUCTIONS) X
13		of class represented nt in row (11)
	0.00%	
14		reporting person STRUCTIONS)

8

CUSIP No. 08986R101

1

4

5

Names of reporting persons I.R.S. identification nos. of above persons (entities only) GAMCO Investors, Inc.

I.D.

No. 13-4007862 Check the appropriate box if a member of a group (SEE INSTRUCTIONS) (a)

(b)

Sec use only

Source of funds (SEE INSTRUCTIONS)

None

Check box if disclosure of legal proceedings is required pursuant to items 2 (d) or 2 (e)

Citizenship or place of organization
Delaware

Number Of: ⁷ Sole voting power

Shares : None (Item 5)

Beneficially: 8 Shared voting power

Owned : None

By Each : 9 Sole dispositive power

Reporting : None (Item 5)

Person :10 Shared dispositive power

With : None

11 Aggregate amount

beneficially owned by each

reporting person

	None (Item 5)
12	Check box if the aggregate amount in row (11) excludes certain shares (SEE INSTRUCTIONS) X
13	Percent of class represented by amount in row (11)
14	0.00% Type of reporting person (SEE INSTRUCTIONS) HC, CO

9

CUSIP No. 08986R101 Names of reporting persons 1 I.R.S. identification nos. of above persons (entities only) Mario J. Gabelli Check the appropriate box if a member of a group (SEE **INSTRUCTIONS**) 2 (b) Sec use only 3 Source of funds (SEE INSTRUCTIONS) 00 – Funds of a Private Entity 4 Check box if disclosure of legal proceedings is required pursuant to items 2 (d) or 2 (e) 5 Citizenship or place of organization 6 **USA** Number: 7 Sole voting power Of 218 (Item 5) Shares : 8 Shared voting power Beneficially None Owned: :9 Sole dispositive power By Each: 218 (Item 5) Reporting: :10 Shared dispositive power Person

With