FORM	4
Check this box	if no

longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See

Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

N	OMB /	APPROVAL	
	OMB	323	5
	Number:	028	37
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	response	0	.5

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 Respon	ises)																
1. Name and Address Bauer Michael An		n *	2. Issuer Na Symbol Nexxus Lig				C		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (F 124 FLOYD SMI 300	First) (Middle) TH DRIVE, SUI		3. Date of Ear (Month/Day/ 08/24/2007		isact	ion		- 	X_ Officer (give title Other (specify be below) President and CEO								
(S CHARLOTTE, N	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) (S	State) (Zip)		Table I - I	Non-Der	ivat	ive Secur	Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exec any	· · · · · ·	3. Transact Code (Instr. 8		Acquired Disposed	quired (A) or posed of (D)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		· · ·		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Amount	(D)	Price		(Instr. 4)							
Common Stock	08/24/2007			Р		2,000	А	\$ 5.15	5,000	D							
Common Stock	08/24/2007			Р		900	А	\$5	5,900	D							

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	sa
currently valid OMB control number.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secu				(Inst	: 3 and			Security:	(Instr. 4)
	Security				Acqu	ired			4)			0	Direct (D)	
					(A) c						1	or Indirect		
					Disp					Transaction(s)	< / </td <td></td>			
					of (E	· ·					(Instr. 4)	(Instr. 4)		
					(Inst									
					4, an	d 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	Date	¹ Title Numbe					
							Excreisable	Dute		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Denorting Owner Norres / Address		Re	elationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Bauer Michael Anthony 124 FLOYD SMITH DRIVE, SUITE 300 CHARLOTTE, NC 28262	х		President and CEO				

Signatures

8/2007	08/28/2	Anthony Bauer	/
Date	Date	f Reporting Person	
Dat	Dat	f Reporting Person	

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.