FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 200

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response	: 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 1/b)

	ions may contin tion 1(b).	ue. <i>See</i>					ies Exchanç mpany Act o					hour	s per r	esponse:	0.5				
1. Name and Address of Reporting Person* Archon Capital Management LLC (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol EXPRESS-1 EXPEDITED SOLUTIONS INC [XPO]									5. Relationship of Report (Check all applicable) Director Officer (give title below)			X 10% (Owner (specify
719 SECOND AVENUE SUITE 1403					3. Date of Earliest Transaction (Month/Day/Year) 11/06/2008														
(Street) SEATTL (City)			98104 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicab Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person				
		Tab	le I - No	on-Deriva	tive	Se	curitie	s Acc	quired	, Dis	posed o	f, or	Benef	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Execution [Date,			4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)				5. Amou Securiti Benefic Owned Reporte	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pi	rice	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 11/06				11/06/2	2008		P		64,510	A		\$1.1	3,46	3,466,870			See Footnote ⁽¹⁾		
Common Stock 11/10/20					008			P		1,600	00 A \$1		\$1.08	3,468,470				See Footnote ⁽¹⁾	
		Ta		Derivativ (e.g., pu											Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I				of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person*	LLC																
<u>Archon</u>	<u>Capitai r</u>	<u>Management</u>	<u>LLC</u>			_													
(Last) 719 SEC SUITE 1	OND AVE	(First) NUE	(Mid	ddle)															
(Street)						- $ $													

(Street) **SEATTLE** WA 98104

WA

(State)

CHRISTOFILIS, CONSTANTINOS

(First)

(State)

C/O ARCHON CAPITAL MANAGEMENT LLC

1. Name and Address of Reporting Person*

719 SECOND AVENUE, SUITE 1403

98104

(Zip)

(Middle)

(Zip)

Explanation of Responses:

SEATTLE

(City)

(Last)

(City)

The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Archon Capital Management

LLC, By: Constantinos 11/10/2008

Christofilis, Managing Member

Constantinos Christofilis 11/10/2008

** 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.