Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEM
	SIAILW
Section 16. Form 4 or Form 5	
obligations may continue. See	

IENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Berk Matthew						2. Issuer Name and Ticker or Trading Symbol MARCHEX INC [MCHX]								eck all appli Directo	ionship of Reportin all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	ner
(Last) (First) (Middle) 520 PIKE STREET SUITE 2000							3. Date of Earliest Transaction (Month/Day/Year) 05/11/2010								below) EVP of Production		below)	
(Street) SEATTLE WA 98101 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	neficial	ly Owned	l			
Date				saction /Day/Ye	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.			ities Acquir d Of (D) (Ins		Benefici Owned I	es ally Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) o (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)				
Class B Common Stock 05/11/					1/201	2010		A ⁽¹⁾⁽³⁾		30,00	0,000 A S		1 195	195,000		D		
		7	Table II -									or Ben ble secu		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	Code (In:				Expiration	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$4.89	05/11/2010			A		15,000		(2)(3)	0	95/11/2020	Class B Common Stock	15,000	\$0	15,00	0	D	

Explanation of Responses:

- 1. Restricted stock award effective May 11, 2010 (the "Grant Date"). The restricted stock vests in accordance with the following four year vesting schedule: 25% of the total shares shall vest on each of the first, second, third and fourth annual anniversaries, respectively, of the Grant Date.
- 2. Option grant effective May 11, 2010 (the "Option Grant Date"). 25% of the options will vest on the first annual anniversary of the Option Grant Date. Thereafter, 1/12th of the remaining will vest quarterly thereafter for the following three years
- 3. One hundred percent (100%) of all options and restricted stock not already vested as of the date thereof, shall become immediately vested upon the occurrence of both (a) a Change of Control (as defined in such reporting person's award agreements), (b) followed by (i) a termination without cause of such reporting person's employment by the Corporation or any successor thereto, (ii) a Diminution in Duties (as defined in such reporting person's award agreements) with respect to the reporting person, or (iii) the 12 month anniversary of the occurrence of the Change of Control.

05/13/2010

** 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.