FORM 4	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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)											
1. Name and Address of Report KANDERS WARREN B	2. Issuer Name a CLARUS COR				nbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
ONE LANDMARK SQUA	(Middle) ARE, 22ND FLOOR	3. Date of Earliest Transaction (Month/Day/Year) 08/05/2008						X Officer (give title below) Other (specify below) Executive Chairman			
(Street) STAMFORD, CT 06901		4. If Amendment, Date Original Filed(Month/Day/Year)					r)	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) (State)	(Zip)	Tal	ble I - Non	-Der	ivative See	curitie	s Acqui	red, Disposed of, or Beneficially	Owned		
1.Title of Security (Instr. 3)	Date (Month/Day/Year)		Code (Instr. 8)		4. Securiti (A) or Dis (Instr. 3, 4) Amount	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.0001 per share	08/05/2008		Р		125,000	А	\$ 5.146	2,337,950 (1)	D		
Common Stock, par value \$0.0001 per share								13,900 (2)	I	By Children	
Common Stock, par value \$0.0001 per share								100,000 (2)	Ι	By Spouse	

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

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

02)

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.	Num	ber	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of			and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivat	ive	(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	curiti	es			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquire	ed			(Insti	r. 3 and		Owned	Security:	(Instr. 4)
	Security				(A) or				4)			Following	Direct (D)	
					Di	ispose	ed						Reported	or Indirect	
					of	(D)							Transaction(s)	(I)	
					(II	nstr. 3	,						(Instr. 4)	(Instr. 4)	
					4,	and 5	i)								
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
											of				
				Code V	(A	A) (I	D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KANDERS WARREN B ONE LANDMARK SQUARE 22ND FLOOR STAMFORD, CT 06901	Х	Х	Executive Chairman				

Signatures

/s/ Warren B. Kanders	08/06/2008
**Signature of Reporting Person	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).

(1) Includes 500,000 unvested shares of restricted common stock, which have voting, dividend and other distribution rights.

(2) The Reporting Person disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

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.