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

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response	. 0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Reporting Person * NYNENS SIMON F				2. Issuer Name and Ticker or Trading Symbol PROGRAMMERS PARADISE INC [PROG]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1157 SHREWSBURY AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2004							X_Officer (give title below) Other (specify below) VP & Chief Financial Officer						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6	6. Individual or Joint/Group Filing/Check Applicable Line)X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
SHREWS (City	SBURY, N	NJ 07702 (State)	(Zip)														
		(State)		1			1	1					•		icially Own		1
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		Date, if	(Instr. 8)		4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		f (D)	(D) Owned Foll Transaction				6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Mont	II/Day	y/ i cai j	Cod	le V	Amount	(A) or (D)	Price			(Instr. 4)			
Common	Stock		02/25/2004				М	[25,000	A	\$ 2.13	25,000			D		
Common	Stock		02/25/2004				S		25,000	00011) 1	\$ 7.28 0	0				D	
Kemmaer.	Report on a	separate line for each	class of securities b	eneficia	lly ow	vned dii	rectly o	Person in this	form a		quired	to res	spond u		on contain form displ		1474 (9-0
Reminder.	Report on a s	separate line for each		- Deriva	tive S	Securiti	ies Acq	Person in this a curre	form and the second sec	re not re llid OMB or Benef	equired to contro	to res	spond u nber.				1474 (9-0
1. Title of Derivative		3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Deriva (<i>e.g.</i> , pu	tive Suts, caution (Securiti alls, wa	ber (vative lies (ed (A)) osed	Person in this a curre	form and the state of the state	re not re llid OMB or Benef ble securi	equired to contro	Owned and A lerlying ties	spond unber.	8. Price of		of 10. Owners Form o Derivat Securit Direct or India	ship of Inc f Bene ive Owno (Instr
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Deriva (e.g., pt 4. Transac Code	tive Suts, caution (Securitialls, was 5. Numof Deriving Securiti Acquire of (D) (Instr. 3 and 5)	ies Acquarrants, ber (vative lies ed (A) osed 3, 4,	Person in this a curred, Disp, options, c. 6. Date Exe	form an ently value osed of, onvertible reisable Date //Year)	re not re lid OMB or Benef ole securit and	Ficially Oties) 7. Title of Under Securiti	to respond num Dwned e and A derlyingties 3 and 4	spond unber.	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Securit Direct or India	Ship of Inc f Bene ive Owno y: (Instr

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
NYNENS SIMON F 1157 SHREWSBURY AVENUE SHREWSBURY, NJ 07702			VP & Chief Financial Officer	

Signatures

/s/ Simon F. Nynens	02/25/2004
**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).

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.