FORM 4

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

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

Check this box if no 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 Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|--|---|---|--------------|-------------|--|--|-----------------------------|---|--|--|-----------------------------------|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person * MAY CHARLES A JR | | | | 2. Issuer Name and Ticker or Trading Symbol INFORMATION ANALYSIS INC [IAIC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O INFORMATION ANALYSIS INCORPORATED, 11240 WAPLES MILL RD, STE 201 | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2007 | | | | | | | Officer (give | e title below) | Other | (specify below) | | | |
| (Street) FAIRFAX, VA 22030 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (Cit | | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | | | s Acquired, | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) (Ins | | Cod (Inst | e tr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | f (D) Own Trans | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | ownership orm: Be orect (D) | Nature Indirect eneficial wnership astr. 4) | | |
| Reminder: | Report on a s | separate line for each | | · Derivat | ive S | Securitio | es Ac | Perso in this | ns who form a ys a cu | are not re urrently v | equired to valid OMB | respond control n | unless the | tion containe form | ed SEC 14 | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) of ative | 3A. Deemed Execution Date, if any (Month/Day/Year) | f Transaction Code r) (Instr. 8) | | | | 6. Date Exer Expiration I (Month/Day | | | 7. Title and of Underlyi Securities (Instr. 3 and | ng Derivat Security | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | | iration | Title | Amount or Number of Shares | | | | |
| Options (Right to Buy) | \$ 0.4 | 04/20/2007 | | A | | 5,000 | | 10/21/200 | 04/2 | 20/2017 | Common Stock | 5,000 | \$ 0.4 | 28,000 | D | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| MAY CHARLES A JR C/O INFORMATION ANALYSIS INCORPORATED 11240 WAPLES MILL RD, STE 201 FAIRFAX, VA 22030 | X | | | | | |

Signatures

| Matthew T. Sands, Controller | 04/24/2007 |
|---------------------------------|------------|
| **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.