

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2009-01-26** | Period of Report: **2008-05-23**  
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### ISSUER

#### UNIVERSAL TRAVEL GROUP

CIK: **1336644** | IRS No.: **200667864** | State of Incorporation: **NV** | Fiscal Year End: **1231**  
SIC: **4700** Transportation services

Mailing Address  
SHENNAN ROAD, HUALIAN  
CENTER  
ROOM 301 - 309  
SHENZHEN, F4 00000

Business Address  
SHENNAN ROAD, HUALIAN  
CENTER  
ROOM 301 - 309  
SHENZHEN, F4 00000  
86 7558 3668 489

### REPORTING OWNER

#### Liquan Wang

CIK: **1454607**  
Type: **3** | Act: **34** | File No.: **000-51516** | Film No.: **09546532**

Mailing Address  
UNIVERSAL TRAVEL GROUP, 86-755-83668559  
3F HUALIAN BLDG  
NO.2008 SHENNAN ROAD  
CENTRAL  
FUTIAN DISTRICT,  
SHENZHEN F4 518031

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL

OMB Number: 3235-0104  
Expires: 02/28/2011  
Estimated average burden  
hours per response 0.5**INITIAL STATEMENT OF BENEFICIAL  
OWNERSHIP OF SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of  
the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment  
Company Act of 1940

1. Name and Address of Reporting Person <b>Liquan Wang</b>  (Last) (First) (Middle)  UNIVERSAL TRAVEL GROUP, 3F HUALIAN BLDG, NO.2008 SHENNAN ROAD CENTRAL  (Street)  FUTIAN DISTRICT, SHENZHEN, F4 518031  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/ Year) <b>05/23/2008</b>	3. Issuer Name and Ticker or Trading Symbol <b>UNIVERSAL TRAVEL GROUP [utvg]</b>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/ Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Options	01/20/2010 <sup>(1)</sup>	01/19/2019	Common Stock	30,000	\$0.9	D	

**Explanation of Responses:**

- This option (the "Option") was issued pursuant to the Company's 2009 Incentive Stock Plan and the Incentive Stock Option Agreement dated as of January 20, 2009. The Option shall become exercisable during the term of the Reporting Person's employment in six (6) equal annual installments of 5,000 shares of common stock each, the first installment to be exercisable on the first anniversary of the date of this Option (the "Initial Vesting Date"), with additional installments becoming exercisable on each of the successive periods following the Initial Vesting Date.

**Signatures**

/s/ Jessica S. Yuan, Attorney-at-Law

\*\* Signature of Reporting Person

01/26/2009

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.**