FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

TUDOR WILLIAM PAUL			Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol  MITEK SYSTEMS INC [ MITK ]						
(Last) (First) (Middle) 1996 NW FORK ROAD				Relationship of Reporting Pers (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)	FL	34994	-			Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One		
(City)	(State)	(Zip)							Reporting P	erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)			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 Exercis Expiration Date (Month/Day/Ye			ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

William Paul Tudor 02/25/2004

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).