FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	Estimated average burden								
l	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).

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

(Last) C/O IRO 205 EAS	d Address of ichard (Fi QUOIS CA Γ 42ND ST	3. D 09/	2. Issuer Name and Ticker or Trading Symbol FORM Holdings Corp. [FH]  3. Date of Earliest Transaction (Month/Day/Year) 09/12/2016  4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Rei (Check all applicable)     X Director     Officer (give below)      6. Individual or Joint/Cline)			10% of Other below	Owner (specify )) Applicable			
(Street)  NEW YORK NY 10017  (City) (State) (Zip)					-										X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N						Execution Date,				s Acquired (A) or f (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	r Price		Transac	action(s) 3 and 4)			, ,
Common Stock 09/12/20							.6		P		100,000(1)	) A	\$2	2.1	10	06,779		I	See Footnote <sup>(2)</sup>
Common Stock 09/12/20					2016	16		P		52,005	A	\$2.1	1297		158,784			See Footnote <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise (Month/Day/Year) Frice of Derivative Security  Execution Date if any (Month/Day/Year) 8			4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		De See (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. These securities were purchased in a privately negotiated transaction entered into between the reporting person and an employee of the issuer who is an existing stockholder.
- 2. These securities are held by Iroquois Master Fund Ltd. (the "Fund"). Mr. Abbe is a member of Iroquois Capital Management L.L.C, who has the authority and responsibility for the investments made on behalf of the Fund and as such may be deemed to be the beneficial owner of all shares of common stock held by the Fund. Mr. Abbe disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

<u>/s/ Richard K. Abbe</u> <u>09/14/2016</u>

\*\* Signature of Reporting Person 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.