Edgar Filing: Staffing 360 Solutions, Inc. - Form 4

Staffing 360 Solutions, Inc. Form 4 September 30, 2016

September 3	0, 2016											
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PROVAL 3235-0287			
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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: January 31 2005 Estimated average burden hours per response 0.5					
(Print or Type]	Responses)											
1. Name and Address of Reporting Person <u>*</u> Faiman David			2. Issuer Name and Ticker or Trading Symbol Staffing 360 Solutions, Inc. [STAF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(1			3. Date of Earliest Transaction(Month/Day/Year)09/30/2016					Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer				
				iled(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	K, NY 10022 (State)	(Zip)			_				Person			
(City) 1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Date 2A. Dee ear) Executio any		3.	tion)	rivative Se 4. Securitie (A) or Disp (Instr. 3, 4 Amount	es Acqu oosed o	uired of (D)	Lired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Stock	09/30/2016			А		135,000	А	(1)	185,000	D		

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
Faiman David 641 LEXINGTON AVE SUITE 1526 NEW YORK, NY 10022			Chief Financial Officer						
Signatures									
/s/ David Faiman	09/30/2016								
<u>**</u> 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).

(1) The reporting person received these shares as a bonus pursuant to an issuance by the registrant.

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.