FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL											
OMB Number:	3235-028										
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	In admirable in A (In)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Selzer Herbert M. (Last) (First) (Middle) C/O IPSIDY INC. 670 LONG BEACH BLVD. (Street) LONG BEACH, NY 11561 (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol Ipsidy Inc. [IDTY] 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					saction	tion 2A. Deemed Execution Date,			3. 4. Sec		4. Securitie	oosed of, or Beneficia . Securities Acquired (A) or bisposed Of (D) (Instr. 3, 4 and			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A)	or Pi	ice	Reported Transaction (Instr. 3 and		,		(Instr. 4)	
Common	Stock, \$.00	01 par value		09/0	09/202	2020			J		769,231	(2)) ;	50.13	5,594,714		D			
Common Stock, \$.0001 par value 09/0					9/202	2020		X		1,000,000)(2)	Λ .	\$ 0.1	6,363,945		D				
Common Stock, \$.0001 par value														2,417,7	778		I	See Footnotes ⁽¹⁾		
						ts, ca	5. Number of Derivative				converti	or Beneficially Coble securities) 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ount of	8. Price of Derivative Security (Instr. 5) Benef Owne Follow Repor		ities Form: icially Direct (I or Indire ving (I) (Instr		Beneficial Ownership ct (Instr. 4)	
					Code	V (A)		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares			Transa (Instr. 4	ction(s) 1)			
Common Stock Purchase Warrant	\$0.1	09/09/2020			х			1,000,000	09/26/2	2015	09/26/2020	Commo Stock \$0.000 par valu per sha	1 1,0	00,000	\$0.1		0	D		
Common Stock Purchase Warrant	\$0.15								06/30/2	2020	06/30/2022	Commo Stock \$0.000 par valu per sha	1 44	0,000		440	,000	I	See Footnotes ⁽¹⁾	
15% Convertible Note	\$0.2								02/14/2	2020	02/28/2022	Commo Stock \$0.000 par valu per sha	1 75 ie 75	0,000		750	,000	D		

Explanation of Responses:

Stock Options

- 1. Securities held by Vista PBG Associates LLC ("Vista"). Mr. Selzer serves as the manager of Vista.
- 2. This Form is being filed to report the exercise of a common stock purchase warrant pursuant to which the Reporting Person received shares of common stock by means of a cashless exercise. A cashless exercise is a method of exercising a common stock purchase warrant in which the holder pays the exercise price to the Company using shares of common stock the Reporting Person would have received purchase warrant to the common stock purchase warrant to acquire 1,000,000 shares of common stock at an exercise price of \$0.10 per share on a cashless basis receiving on a net basis 230,769 shares of common stock which reflects 769,231 shares of common stock withheld by the Company at the market price of \$0.13 per share less the exercise price of \$0.10 per share.

09/30/2015

/s/ Herbert M. Selzer

** Signature of Reporting Person

Stock, \$0.0001

09/30/2025

400,000

09/14/2020

400 000

D

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.