FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

/ashington,	D.C.	20549		
-------------	------	-------	--	--

OMB APP	ROVAL
OMB Number:	3235-028
Estimated average b	urden

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

					UI SEC	11011 30	וויט (ווי)	ne iii	vesunei	it Cui	ipally F	4Ct OI 192	ŧU							
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Ipsidy Inc. [IDGS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SOLOMON DOUGLAS WAYNE					<u> </u>								X	Director	Director			10% Owner		
(Last)	/1	=iret)	(Middle)		2. Data of Fadicat Transaction (Manth/Day/Man)									− X	Officer (below)	give title		other (spelow)	pecify	
(Last) (First) (Middle) C/O IPSIDY INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/04/2017									Ex. Dir., Govt Rel/Ent. Sec					
		HBLVD.																		
780 LONG BEACH BLVD.					If Amendment, Date of Original Filed (Month/Day/Year)									6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)		ed by One R	lonortina	Doroon		
LONG B	BEACH N	ΝΥ	11561											X		ed by One R			na	
(City)	()	State)	(Zip)												Person	ou 5,o.o		торога	9	
		Ta	ıble I - Non	-Deriva	ive S	ecuri	ties A	Acqu	uired,	Dis	posed	d of, or	Bene	ficially	Owned					
Date			2. Transact Date (Month/Day	Execution Day/Year) if any		ition Da	,	3. Transa Code (curities Acquired (A) or osed Of (D) (Instr. 3, 4 a			Beneficia	s F Ily (6. Owners Form: Dire D) or Indi	ect In	7. Nature of Indirect Beneficial Ownership		
						(Month/Day/Year)		8) Code	v	Amou	nt	(A) or (D)	Price	Owned For Reported Transaction (Instr. 3 a	on(s)	l) (Instr. 4		(Instr. 4)		
Common Stock, \$.0001 par value				04/04/2	1/2017			J ⁽¹⁾		3,10	0,000	D	\$0.1	14,79	3,444	D	\neg			
			Table II - I												Owned					
		la =		e.g., pu	is, cai			_				1				l				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Dat if any (Month/Day/Ye	Code	action (Instr.	of Expi		Expir	Date Exercisable Diration Date Onth/Day/Year)		and	and 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		lying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (nership m: ect (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exerc	cisable	Expi Date	ration	Title		unt or per of es						
Stock Options ⁽²⁾	\$0.45							09/2	0/25/2015 09/2		5/2025	Common Stock, \$0.0001 par value per share	20,0	00,000		20,000,00	00	D		
Common Stock Purchase Warrant	\$0.15							09/25/2015		5 09/25/20		Common Stock, \$0.0001 par value per share	1,1	46,667		1,146,66	7	D		
Common							\Box					Common	1							

Explanation of Responses:

Purchase

Warrant

\$0.055

1. In connection with a financing entered into by Ipsidy Inc., Mr. Solomon pledged 3,100,000 shares of common stock to various lenders. In April 2017, Mr. Solomon transferred and assigned the 3,100,000 shares of common stock to such lenders.

05/13/2015 05/13/2020

\$0.0001

par value per share

2. Mr. Solomon was granted the stock options for his services as an executive officer of the Company.

04/10/2017 /s/Douglas W. Solomon

** Signature of Reporting Person

1,363,636

Date

1,363,636

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.