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

Staffing 360 Form 4 April 14, 201	Solutions, Inc.									
FORM	4 UNITED S	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							PPROVAL 3235-0287	
Check thi if no long subject to Section 14 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed purs Section 17(a	ox 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 20(b) of the Investment Company Act of 1940								
(Print or Type R	Responses)									
1. Name and A Mayer Robe	Symbol	2. Issuer Name and Ticker or Trading Symbol Staffing 360 Solutions, Inc. [STAF]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O STAFF INC., 641 L SUITE 1526	(Month/E IONS, 04/10/2	3. Date of Earliest Transaction (Month/Day/Year) 04/10/2015				X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) 4. If Amendment, Date Filed(Month/Day/Year)				ar) Applicable Line) _X_ Form filed by (Dint/Group Filing(Check		
NEW YORI	K, NY 10022		For Person					Form filed by More than One Reporting rson		
(City)	(State) (Zip) Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$0.00001 par value per share	04/10/2015		A	650	A	<u>(1)</u>	839	I	By Seven Investre, LLC	

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.

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

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Mayer Robert Oscar C/O STAFFING 360 SOLUTIONS, INC. 641 LEXINGTON AVE, SUITE 1526 NEW YORK, NY 10022		Х						
Signatures								
/s/ Robert Oscar Mayer	04/10/2015							
**Signature of	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).

These shares were issued as additional consideration in connection with the issuance of promissory notes to Seven Investre, LLC. The reporting person is a member of Seven Investre, LLC ("SI"). The listed amount of securities beneficially owned by the reporting person

reflects the reporting person's ownership percentage in SI. The reporting person disclaims beneficial ownership of the securities held by SI, except to the extent of his pecuniary interest therein.

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.

Reporting Person