Edgar Filing: NATIONAL HOLDINGS CORP - Form 4

Form 4	HOLDINGS C	ORP											
September 1	_									PROVAL			
FORM	4 UNITED	STATES					GE C	OMMISSION	OMB OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o Form 5	ser STATE 6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							FrameworkJanuary 31Expires:200Estimated averageburden hours perresponse0.4				
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	(20) (b) of the Inviscoment (Commonly A of (10)											
(Print or Type F	Responses)												
1. Name and Address of Reporting Person <u>*</u> Abbe Richard			2. Issuer Name and Ticker or Trading Symbol NATIONAL HOLDINGS CORP					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	(First)	(Middle)	[NHLD	-									
(Last) 641 LEXIN FLOOR	3. Date of Earliest Transaction (Month/Day/Year) 09/12/2016				X_Director10% Owner Officer (give titleOther (specify below) below)								
			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORI	K, NY 10022							Form filed by M Person	lore than One Re	porting			
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative Se	ecuriti	ies Acqı	iired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year)) Execution any			4. Securitie m(A) or Disp (Instr. 3, 4)	osed o	of (D)	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 Indirect Beneficial Ownership (Instr. 4)			
Common Stock, par value \$0.02 per share	09/12/2016			U	414,323	D	\$ 3.25	414,323	Ι	See Footnote			
Common Stock, par value \$0.02 per share	09/12/2016			U	16,668	D	\$ 3.25	0	I	See Footnote (2)			

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exerce Expiration Date		7. Title Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Nonuiz Day) Teat)	(Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under Securi	lying	Security (Instr. 5)	Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
Abbe Richard 641 LEXINGTON AVENUE 26TH FLOOR NEW YORK, NY 10022	2 X								
Signatures									
/s/ Richard Abbe	09/13/2016								
<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) Shares of Common Stock owned directly by Iroquois Master Fund Ltd. (the "Fund"). Mr. Abbe, as President of Iroquois Capital
 (1) Management, LLC, the investment advisor of the Fund, may be deemed to beneficially own the shares of Common Stock owned directly by the Fund. Mr. Abbe disclaims beneficial ownership of such shares of Common Stock except to the extent of his pecuniary interest therein.

(2) Shares of Common Stock held by certain trusts or accounts established for the benefit of Mr. Abbe's children or other relatives.

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.