#### Edgar Filing: Iacovone Anthony - Form 4

Iacovone A	nthony											
Form 4	10											
April 04, 20									0140			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							T	OMB APPROVAL				
	UNITED	STATES			hington, D.C. 20549				OMB Number:	3235-0287		
Check t	his box		v v a	sinington	I, D.C. 20.					January 31,		
if no longer STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSHIP OF					Expires:	2005		
subject Section	10					SECURITIES				Estimated average burden hours per		
Form 4								response	•			
Form 5	Filed put	rsuant to Se	ection 1	6(a) of t	he Securiti	es Ez	kchang	e Act of 1934,	•			
obligati may coi				•	•	- ·		f 1935 or Section	on			
See Inst		30(h) o	of the In	ivestmen	t Compan	y Act	of 194	40				
1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person *       2. Issue         Iacovone Anthony       Symbol				suer Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
· ojmoor			•	biquity Technologies, Inc.								
[MOB								(Check all applicable)				
(Last)	(First) (	Middle) 3	3. Date o	f Earliest 7	Fransaction			_X_ Director	1	0% Owner		
(Month/			(Month/I	onth/Day/Year)			Officer (give title Other (specify below)					
35 TORRINGTON LANE 04/03/			04/03/2	3/2019				0010W)	below)			
(Street) 4. If Am			4. If Ame	mendment, Date Original			6. Individual or Joint/Group Filing(Check					
		F	Filed(Mo	nth/Day/Yea	ar)			Applicable Line)		_		
SHOREHAM, NY 11766								_X_Form filed by Form filed by Person	One Reporting More than One			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative S	Securi	ties Acc	uired, Disposed	of, or Benefic	cially Owned		
1.Title of	2. Transaction Date	2A. Deemed	1	3.	4. Securitie	s Aca	uired	5. Amount of	6.	7. Nature of		
Security		Execution D		Transactio	on(A) or Disp	osed o	of (D)	Securities	Ownership	Indirect		
(Instr. 3)		any (Manth/Day	(Vaar)	Code	(Instr. 3, 4	and 5)		Beneficially	Form:	Beneficial		
		(Month/Day	/ i ear)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)		
						(A)		Reported	(I)	. ,		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
~				Code V	Amount	(D)	Price	(insu: 5 and 4)		0		
Common Stock	04/03/2019			А	625,000	А	\$ 0.08	16,709,700	Ι	Owned by Corporation		
Stook							0.00			corporation		

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)

#### Edgar Filing: lacovone Anthony - Form 4

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and J Underlying S (Instr. 3 and	Securiti
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amor Numl Share
Convertible Notes	\$ 0.12	04/03/2019		А	312,500	04/03/2019	09/30/2023	Common Stock	312

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Iacovone Anthony 35 TORRINGTON LANE SHOREHAM, NY 11766	Х						

### Signatures

/s/ Anthony Iacovone	04/04/2019
<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) Not applicable.

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.