## Edgar Filing: CIPOLLA DOROTHY M - Form 4

CIPOLLA D	OROTHY M										
Form 4	010										
January 05, 2											
FORM	$ 4 _{\text{UNITED}}$	П СТАТЕС	SECUD	ITIES AT			NCE	OMMISSION	r	PPROVAL	
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287		
Check this	s box		vv as	inington,	D.C. 20.	747				January 31,	
if no long	NI A I B	EMENT O	F CHAN	GES IN F	RENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 10	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES								Estimated average		
Form 4 or				Sheerd					burden hours per response 0.5		
Form 5	Filed p	ursuant to S	Section 16	6(a) of the	Securiti	es E	xchang	e Act of 1934,	100001100	0.0	
obligation	<sup>18</sup> Section 1			· · ·			C	f 1935 or Sectio	n		
may conti <i>See</i> Instru		30(h)	of the Inv	vestment (	Company	y Act	t of 194	40			
1(b).											
(Print or Type R	lesponses)										
1	11 CD	D *						5 D L (* 1* (			
1. Name and Address of Reporting Person *2. Issuer Name and Ticker or Trading5. Relationship ofCIPOLLA DOROTHY MSymbolIssuer							Reporting Person(s) to				
Symbol											
LIGHTPATH TECHNOLOGIES INC [LPTH] (Chec							k all applicable)				
			-	-							
				of Earliest Transaction				Director 10% Owne Officer (give title Other (spec			
				n/Day/Year)				below) below)			
CT, SUITE		-11	01/05/20	/18					CFO		
CI, SUIL											
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line) _X_ Form filed by One Reporting Person			
ORLANDO,	FL 32826							Form filed by M	Nore than One Re		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3. 4. Securities Acquired				5. Amount of	6. Ownership		
Security	(Month/Day/Yea		Execution Date, if any (Month/Day/Vear)		n(A) or Di	spose	d of		Form: Direct		
(Instr. 3)		2			Code (D) (Instr. 8) (Instr. 3, 4 and 5)				(D) or Indirect (I)	Beneficial Ownership	
(wonth/Day/Tear)				(Insu. 6) (Insu. 5, 4 and 5)				Following	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A							\$				
Common	01/05/2018			А	521 <u>(1)</u>	А	\$ 2.07	23,405	D		
Stock											

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 Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) rivative curities quired ) or sposed (D)		Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
		Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: CIPOLLA DOROTHY M - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
CIPOLLA DOROTHY M 2603 CHALLENGER TEC SUITE 100 ORLANDO, FL 32826	CH CT			CFO				
Signatures								
/s/Dorothy M Cipolla	01/05	/2018						
**Signature of Reporting Person	Dat	e						

## **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) These shares were purchased under the Employee Stock Purchase Plan.

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.