FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * Isaacs Michael Gavin				2. Issuer Name and Ticker or Trading Symbol Galaxy Gaming, Inc. [GLXZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 6767 SPENCER STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/28/2019							Office	r (give title belo	ow)	Other (specify	/ below	/)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
LAS VE	GAS, NV	89119											roim me	ed by More man	One Reporting	reison		
(City	r)	(State)	(Zip)			Ta	ble I	- Non	-Deri	vative	Securities	Acq	uired, Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	nt of Securities ally Owned Following I Transaction(s) and 4)		Form: Direct (D)	p of Be	7. Nature of Indirect Beneficial Ownership			
							C	ode	V	(A) or Amount (D) Price			or Indirect (I) (Instr. 4)		t (In	str. 4)		
Common	Stock		06/28/2019					A		6,200 (1)		\$ 1.63	81,200			D		
								quire	conta the fo d, Dis	ined i orm dis sposed	n this for splays a of, or Ben	rm ar curro reficia	re not requently valid	OMB conf	ormation spond unle trol numbe	ss	C 147	74 (9-02)
1. Title of	2	3. Transaction		(<i>e.g.</i> , p	outs, calls		irran 5.	ts, opt			tible secu) Title and	& Price of	9. Number	of 10.		11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Year) Execution Da	te, if Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		An Un Sec	inter and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)		Owner Form Oeriva Securi Direct or Indi	of tive ty: (D) irect	of Indirect Beneficial Ownershi (Instr. 4)		
					Code	V	(A)	(D)	Date Exerc	cisable	Expiratio Date	n Tit	Amount or le Number of Shares					

Reporting Owners

B # 0 Y /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Isaacs Michael Gavin 6767 SPENCER STREET LAS VEGAS, NV 89119	X					

Signatures

/s/ Gavin Isaacs	07/02/2019
**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 were received in connection with the Reporting Person's service on the Issuer's Board of Directors.

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.