FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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 Responses	s)													
1. Name and Address of Reporting Person *- LIPPARELLI MARK A				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						
6767 SPE) ENCER ST	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/23/2020				Office	er (give title belo	ow)(Other (specify b	elow)			
(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										ed by More than	one reporting i	Crson	
(City))	(State)	(Zip)	Т	[able]	I - Noi	ı-Der	ivative	Securitie	s Acqu	ired, Disp	osed of, or I	Beneficially (Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)		if Co (In	f Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership of	Beneficial		
				(Month/Day/Yea		Code	V	Amoui	(A) or	Price	or Ind. (I)		or Indirect	Ownership (Instr. 4)	
Common	Stock		03/23/2020	03/23/2020		P		5,000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 0.72	1,568,2	50		D	
				Derivative Securi		cquire	cont the f	ained i form di	n this fo splays a of, or Ber	rm ar curre	e not requently valid	OMB conf	ormation spond unleatrol number	ss	1474 (9-02)
				(e.g., puts, calls, v		ıts, op						I			
Security	Conversion Date		Month/Day/Year) any		4. Transaction Code of Operivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and Expiration Date (Month/Day/Year)		Am Uno Sec	ount of derlying urities str. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Beneficia Ownersh (Instr. 4)	
				Code V	(A)	(D)	Date Exer	e rcisable	Expiration Date	on Titl	Amount or e Number of Shares				

Reporting Owners

D 4 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LIPPARELLI MARK A 6767 SPENCER STREET LAS VEGAS, NV 89119	X					

Signatures

/s/ Mark A. Lipparelli	03/25/2020
**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).

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.