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

OMB APP	ROVAL
OMB Number:	3235

0287 Estimated average burden hours per response.. 0.5

#### 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

1 Name an																	
1. Name and Address of Reporting Person <sup>*</sup> Zender William A				2. Issuer Name and Ticker or Trading Symbol Galaxy Gaming, Inc. [GLXZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner					
,	(Last) (First) (Middle) 480 CAMERON STREET SUITE 305			3. Date of Earliest Transaction (Month/Day/Year) 03/19/2021							Of	fficer (give	title below)	Oth	er (specify bel	ow)	
(Street) LAS VEGAS, NV 89118			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				ne)			
(Cit	y)	(State)	(Zip)			,	Table	I - Non-Dei	ivative	Securitie	es Acqui	ired, Di	isposed o	of, or Benef	icially Own	ed	
(Instr. 3)		2. Transaction Date (Month/Day/Year	Execu any			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)				Ownership of	Beneficial	
				(Mont	th/Da	ay/Year)	Coo	ie V	Amount	(A) or (D)	Price	or Indir (I) (Instr. 4			ect (Instr. 4)		
Common	Stock (1)		03/19/2021	03/19	9/20:	)21	M		25,000	1	\$ 0.22			,			
			Table II					a curre	ently va	alid OME	G contro	ol num	ber.	nless the	form displ	ays	
1 Title of	12	3 Transaction	1	(e.g., p	uts, c	calls, wa	rrants	a curred, Disp , options, c	ently va osed of	alid OME , or Bene ble securi	Gontro	ol num	ber.		·		11 Natu
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., p 4. Transac Code	etion	5. Num	ber vative ies ed (A) osed	a curre	osed of onvertile onte	alid OME , or Bene ble securi	ficially (ities)  7. Title of Und Securi	Owned le and A derlying	amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owner Form of Deriva Securit Direct or Indi (s) (I)	Ownersh y: (Instr. 4) (D) rect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p 4. Transac Code	etion	5. Numl of Deriv Securiti Acquire or Dispo of (D) (Instr. 3 and 5)	ber vative ies ed (A) osed	a curred, Dispose of the control of the current of	osed of one of o	or Beneble securi	ficially (ities)  7. Title of Und Securi	Owned  le and A derlying ities . 3 and 4	amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owner Form of Deriva Securit Direct or Indi	ship of Indire Benefici tive Ownersh (Instr. 4) rect

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Zender William A 6480 CAMERON STREET SUITE 305 LAS VEGAS, NV 89118	X					

# **Signatures**

/s/ William A. Zender	03/23/2021
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).
- Options were issued in connection with the Reporting Person's service as a member of the Issuer's Board of Directors. All options were exercisable on the date of grant and expire five years from the date of grant. This transaction represents an exercise of the referenced options.

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.