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 Response	s)													
Name and Address of Reporting Person * Kondra Cheryl			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) 6480 CAMERON STREET SUITE 305 (Street) LAS VEGAS, NV 89118			Date of Earliest Transaction (Month/Day/Year) 03/31/2022 If Amendment, Date Original Filed(Month/Day/Year)						Office	er (give title belo	ow)(Other (specify b	elow)		
									6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year		(Instr. 8)		(A) or Disposed of		d of	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		\ /	Beneficial Ownership	
						(Code	V Ame	ount (A)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		03/31/2022				A	4,0	23 A	\$ 4.63	82,356			D	
				Derivative S			equire	the form d, Dispose	displays a	a curre	ently valid	OMB con	spond unle trol number		
Security		se (Month/Day/Y	ay/Year) 3A. Deemed Execution Date any	4. Transaction Code (Instr. 8)		5.	ber vative rities ired or osed b) c. 3,	and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Fitle and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exercisab	Expirati e Date	Tit	or Number of Shares				

Reporting Owners

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

Signatures

/s/ Cheryl A. Kondra	05/06/2022	
**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.