FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * 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) 6480 CAMERON STREET SUITE 305 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022 | | | | | | Office | r (give title belo | ow) | Other (spec | fy belo | N) | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form fil | 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 | 89118 | | | | | | | | | | | roim me | ed by More man | One Reporting | reison | | |
| (City | r) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execut | A. Deemed execution Date, if ny Month/Day/Year) | | (Instr. 8) | | (A) or (D) | | curities Acquired r Disposed of : 3, 4 and 5) | | 5. Amount of Securiti Beneficially Owned F Reported Transaction (Instr. 3 and 4) | | ollowing | Form: Direct (I | of Bo O) O | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | C | ode | V | Amou | (A) or nt (D) | Price | , | | | or Indire (I) (Instr. 4) | ` | |
| Common | Stock | | 03/31/2022 | | | | | A | | 3,448 (1) | | \$ 4.63 | 254,319 | | | D | | |
| | | | | | | | | quire | contai the for d, Disp | ined i rm dis posed | n this for splays a of, or Ben | rm ar curre | re not requently valid | OMB conf | ormation spond unle trol numbe | ss | EC 14 | 74 (9-02) |
| 1. Title of | 2 | 3. Transaction | | <i>e.g.</i> , pu | | , wai | | | - | | tible secu | |) Title and | & Price of | 9. Number | of 10. | | 11. Nature |
| Derivative Security | Conversion or Exercise Price of Derivative Security | | Execution Date (Year) | te, if Transaction Code Year) (Instr. 8) | | on N | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | An Un Sec | ntite and nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | | Own- Form Deriv Secu Direct or In- | vative rity: et (D) direct | p of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | | Date Exerci | isable | Expiration Date | n Tit | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Isaacs Michael Gavin 6480 CAMERON STREET SUITE 305 LAS VEGAS, NV 89118 | X | | | | | |

Signatures

| /s/ Michael Gavin Isaacs | 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.