# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL			
OMB	3235-		
Number:	0104		
Estimated averag	ge		
burden hours pei	r		
response	0.5		

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

<ol> <li>Name and Address of Reporting Person *-</li> <li>Zender William A</li> </ol>	Statem (Mont	2. Date of Event Requiring Statement (Month/Day/Year) -05/01/2014		0	3. Issuer Name <b>and</b> Ticker or Trading Symbol Galaxy Gaming, Inc. [glxv]			
(Last) (First) (Mid 6767 SPENCER ST.	05/01			4. Relationship Person(s) to Is	suer all applicable) 10% Owner		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LAS VEGAS, NV 89119				(CheckX Director Officer (give title below)			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) (Z	p)	Table I - Non-Derivative Securities Beneficially Owned					y Owned	
1.Title of Security (Instr. 4)		Ben		ly Owned	3. Ownership Form: Direct (D) or Indirect (I)	Owner	rship	lirect Beneficial
	no respond to	the colle	ction		ctly or indirection to contained in	this fo		SEC 1473 (7-02
Persons will required to number.  Table II - Derivative	no respond to respond unlo	o the colle ess the fo	ction rm di	eficially owned dire of information of splays a curren (e.g., puts, calls, w	(Instr. 5) ctly or indirect contained in tly valid OM	this fo	trol	not le securities)
Persons wi required to number.	no respond to respond unl	the colle ess the fo reficially Overcisable ion Date	vned 3. Tit	eficially owned directly of information of splays a current (e.g., puts, calls, which is and Amount of ities Underlying artive Security	(Instr. 5) ctly or indirectortained in	ons, co	trol	not

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
Zender William A					
6767 SPENCER ST.	X				
LAS VEGAS, NV 89119					

### **Signatures**

William A. Zander	01/20/2015
**Signature of Reporting Person	Date

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.