# FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person* Saucier Robert B.					2. Issuer Name and Ticker or Trading Symbol Galaxy Gaming, Inc. [GLXZ]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner					
(Last) (First) (Middle) 6767 SPENCER STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015							X_Officer (give title below) Other (specify below)  Chief Executive Officer						
(Street) LAS VEGAS, NV 89119					4. If Amendment, Date Original Filed(Month/Day/Year) 02/16/2017							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 Acc						cquir	quired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execut	2A. Deemed Execution Date, if any (Month/Day/Year)		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Ben Rep	neficially (	Securities Owned Following assaction(s)		6. Owners: Form: Direct (1) or Indire	/	t cial ship	
							Code	V	Amount	or	Price					(I) (Instr. 4	)	
Common Stock (		04/22/2015(3)				P		40,000 (1)	A	\$ 0.33	40,	,000 (1)			I	FOOT	TNOTE	
Common Stock										23,	23,666,667 (2)		I	FOOT (2)	NOTE			
Reminder:	Report on a s	separate line	for each class of see	- Deriv	ative Sec	curit	ties Acq	P co th uired	ersons wontained ne form d , Disposed	/ho res in this isplay	s form	n are urren ficially	not requ itly valid	ction of inf lired to res OMB con	spond	unless	SEC 14	74 (9-02)
1. Title of	2.	3. Transact	ion 3A. Deeme	( 0 / 1	outs, call	s, w	arrants 5.	<del>^ •</del>	ons, conve				tle and	8. Price of	9 Nur	mber of	10.	11. Natur
Derivative Security  Conversion Date Execution Date, if Code (Month/Day/Year)  Price of Derivative Security  Code (Month/Day/Year)  Execution Date, if Code (Month/Day/Year)  (Month/Day/Year)  (Instr. 8)					and Expiration Date (Month/Day/Year)  A U S			Amor Unde Secur	unt of erlying	Derivative Security		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)						
					Code	V	(A) (		Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares					

### **Reporting Owners**

D 41 0 N 4	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Saucier Robert B. 6767 SPENCER STREET LAS VEGAS, NV 89119	X	X	Chief Executive Officer				

## **Signatures**

/s/ Robert Saucier	02/15/2017
**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 are held by Carpathia Associates, LLC. Mr. Saucier is the sole manager and an owner of Carpathia Associates, LLC. Mr. Saucier has voting and dispositive control over securities held by Carpathia Associates, LLC.
- (2) Triangulum Partners, LLC is the holder of record of 23,666,667 shares. Mr. Saucier is the sole manager and an owner of Triangulum Partners, LLC. Mr. Saucier has voting and dispositive control over securities held by Triangulum Partners, LLC.
- (3) The purpose of this Amended Form 4 is to correct the date of acquisition of the 40,000 shares by Carpathia Associates, LLC. An incorrect date was reported in the original Form 4.

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.