# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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

1 Name an														
Name and Address of Reporting Person * LIPPARELLI MARK A			2. Issuer Name and Ticker or Trading Symbol Galaxy Gaming, Inc. [GLXZ]				4	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last 6767 SPE	) ENCER ST	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2017					(give title below		Other (specify b	elow)		
(Street) LAS VEGAS, NV 89119			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						
(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)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	Beneficially Owned Following Reported Transaction(s)			Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day/Year)	Code	v	Amount	(A) or (D)	(Instr. 3 and 4)			( )	Ownership (Instr. 4)	
Common	Stock		08/31/2017		P		800,000	A S	\$ 0.82	1,075,00	00		D	
indirectly.	Report on a s	separate fine	ior each class of sec	curities beneficially o		Pers	ons who	this forr	m are	not requ	uired to re	formation spond unl		EC 1474 (9-
						uici		паузас	urre	illy valid	I OMB con	trol numb		02)
				Derivative Securiti (e.g., puts, calls, wa	es Acquire	d, Di	sposed of	, or Bene	ficial	•		trol numb		02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day	on 3A. Deemed Execution Dany	(e.g., puts, calls, wa 1 4. Date, if Transaction Code (/Year) (Instr. 8)	es Acquire rrants, op 5. Number	ed, Di tions, 6. D	sposed of convertil ate Exerci Expiration	, or Bene ble securi sable n Date	7. Ti Amo Unde	ly Owned itle and ount of erlying	8. Price of Derivative	9. Number	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indirec Beneficial Ownershi (Instr. 4)

#### **Reporting Owners**

Describer Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LIPPARELLI MARK A 6767 SPENCER ST. LAS VEGAS, NV 89119	X					

### **Signatures**

	/s/ Mark Lipparelli	08/09/2017
,	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).

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.