SMITH MICRO SOFTWARE INC

Form 4 March 09, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

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may continue.

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

Stock (1)

(Print or Type Responses)

| CAMPBELL THOMAS G Sy | | | 2. Issuer Name and Ticker or Trading Symbol SMITH MICRO SOFTWARE INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|-----------------------|---------------------|--------------------------------|---|--------------------------------|------------------|----------------------------------|---|--------------------------------------|---------------------------------------|--|
| | | [SMSI] | | | | | (| - | -, | |
| (Last) | (First) (M | Gliddle) 3. Date of | 3. Date of Earliest Transaction | | | _X_ Director | | Owner | | |
| 51 COLUM | ` | (Month/Day/Year) 03/07/2016 | | | | Officer (give below) | below) | er (specify | | |
| | | | 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 | | | |
| ALISO VIEJO, CA 92656 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | Zip) Tab | le I - Non-Der | rivative S | ecurit | ies Acc | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securiti | ies Ac | quired | 5. Amount of | 6. Ownership | 7. Nature of | |
| ` , | | Execution Date, if | , , , , | | | Securities Form: Direct Indirect | | | | |
| (Instr. 3) | | any (Month/Day/Year) | (Instr. 8) | (D) (Instr. 3, 4) Amount | (A) or (D) | 5) Price | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| Common Stock (1) | 03/07/2016 | | A | 15,000 | A | \$0 | 33,000 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---|---|---------------------|--------------------|---|---------------|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|--------------|--|--|--|--|
| | Director | 10% Owner | Officer Othe | | | | |
| CAMPBELL THOMAS G | | | | | | | |
| 51 COLUMBIA | X | | | | | | |
| ALISO VIEJO, CA 92656 | | | | | | | |

Signatures

Debra A. Koehler, Attorney in Fact for Thomas G.
Campbell
03/09/2016

**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) Restricted Stock Grant vesting in 12 equal monthly installments beginning 04/07/2016

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.

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