Edgar Filing: True Drinks Holdings, Inc. - Form 4

True Drinks Holdings, Inc. Form 4 January 08, 2016										
FORM 4 Check this box if no longer subject to Section 16. Form 4 or						ERSHIP OF	OMB APPROVAL OMB 3235-02 Number: January 3 Expires: 20 Estimated average burden hours per response 0			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). (Print or Type Responses)										
1. Name and Address of Reporti Cohen Scot	2. Issuer Name and Ticker or Trading Symbol True Drinks Holdings, Inc. [TRUU]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) 18552 MACARTHUR BLVD, SUITE 325	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015					Director 10% Owner Officer (give title Other (specify below)				
(Street) 4. If Amendment, E Filed(Month/Day/Yet IRVINE, CA 92612				/Year) Applicable Line) _X_Form filed by C				int/Group Filing(Check One Reporting Person Lore than One Reporting		
(City) (State)	(Zip)	Table I	- Non-l	Derivative S	ecuri		ired, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)2. Transaction Day (Month/Day/Yea)		ed 3. Date, if Tra Co ay/Year) (In	ansactio ode ustr. 8)	4. Securitie por Disposed (Instr. 3, 4 a	s Acq d of (E and 5) (A) or	uired (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 12/31/2015 Stock		F	ode V	Amount 100,000	(D) A	Price \$ 0.1442	3,600,000	D		
Common 01/04/2016 Stock		F	2	10,000	А	\$ 0.1575	3,610,000	D		

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Relationships

10% Owner Officer Other

Cohen Scot 18552 MACARTHUR BLVD SUITE 325 IRVINE, CA 92612

Signatures

/s/ Scot Cohen 01/08/2016

<u>**</u>Signature of Reporting Person Date

Director

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.