#### CorMedix Inc. Form 3 October 05, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Baluch Khoso			<ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name <b>and</b> Ticker or Trading Symbol CorMedix Inc. [CRMD]			
(Last)	(First)	(Middle)	10/03/2016		4. Relationship of Reporting Person(s) to Issuer		dment, Date Original h/Day/Year)
1430 US HIGHWAY 206, SUITE 200				(Checl	k all applicable		•
(Street) BEDMINSTER, NJ 07921			,e			Filing(Chec w) _X_Form fi r Person	al or Joint/Group & Applicable Line) led by One Reporting led by More than One erson
(City)	(State)	(Zip)	Table I -	Non-Deriva	tive Securit	es Beneficially	Owned
1.Title of Secu (Instr. 4)	rity		2. Amount of Beneficially (Instr. 4)	of Securities 7 Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indire Ownership (Instr. 5)	ect Beneficial
Common St	ock		0		D	Â	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)							
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.							

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative Security	Security: Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Addres	ss				
		10% Owner	Officer	Other	
Baluch Khoso 1430 US HIGHWAY 206 SUITE 200 BEDMINSTER, NJ 0792		Â	Chief Executive Officer	Â	
Signatures					
Khoso Baluch 10	/05/2016				
**Signature of Reporting Person	Date				

## **Explanation of Responses:**

\* 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.