# FORM 4

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

OMB APPROVAL						
MB Number: 3235-0287						
stimated average burden						
ours per response	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

(Print or Typ	e Responses	)																
1. Name and Address of Reporting Person * HARIZMAN NIV					2. Issuer Name and Ticker or Trading Symbol NETWORK 1 TECHNOLOGIES INC [NTIP- NYSE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director Officer (give title below) Other (specify below)				
8 SHADB	USH LAN	(First) E	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2016							ar)							
WESTPO	(Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  VESTPORT, CT 06880									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 Acqu							urities	s Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		(Instr. 8			4. Securities Ac (A) or Disposed (D) (Instr. 3, 4 and 3		sposed	1 of H	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		lowing (	Ownership Form: Direct (D) or Indirect I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amo		(A) or (D)	Price				Instr. 4)	
Common S share	Stock, \$.01	par value per	12/09/2016					M		3,75	60 A	4	\$ 0	23,293 (1)		1	)	
			Table II - I						ed, Dis	posed	l of, o	or Ben	eficially		control nu	ımber.		
	1	1		e.g., put	s, ca										1			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye.	3A. Deemed Execution Date ar) any (Month/Day/Ye	Cod	e	tion of D S A (A D o (I	on of Derivative (Month/Day/Year) and Expiration Date (Month/Day/Year) Un-		7. Title a Amount Underly Securitie (Instr. 3	nnt of Derivative Security (Instr. 5) 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownersh (Instr. 4) D) ect				
				Со	de	V (	A)		Date Exercis		Expir Date	ration	Title	Amount or Number of Shares				
Restricted Stock Units	(2)	12/09/2016		M	1			3,750	(3)	)	Ĺ	3)	Commo	3 750	\$ 0	0	D	

### **Reporting Owners**

D/	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HARIZMAN NIV 8 SHADBUSH LANE WESTPORT, CT 06880	X						

### **Signatures**

/s/ Niv Harizman	12/12/2016
**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).
- Includes 3,750 shares of common stock delivered pursuant to restricted stock units granted to the reporting person on June 9, 2016 that vested on December 9, 2016 and are (1) deliverable to the reporting person on the vesting date. Also includes (i) 3,750 shares delivered pursuant to restricted stock units that vested on September 9, 2016 and (ii) 7,500 shares delivered pursuant to restricted stock units that vested on the date of grant, June 9, 2016 (as previously reported on the reporting person's Form 4 filed on June 13, 2016).
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock.
- (3) The restricted stock units vested on December 9, 2016. The shares are deliverable to the reporting person upon the vesting date.

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.