## Edgar Filing: Labor Smart, Inc. - Form 4

| Labor Sma  | rt, Inc.                                |   |                             |  |               |  |                   |   |  |   |  |
|--|---|---|-----------------------------|--|---------------|--|-------------------|---|--|---|--|
| Form 4   |   |   |                             |  |               |  |                   |   |  |   |  |
| November   | 27, 2015                                |   |                             |  |               |  |                   |   |  |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |   |   |                             |  |               |  | OMB AP            | OMB APPROVAL  |  |   |  |
| <b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549           |   |   |                             |  |               |  | MISSION           | OMB<br>Number:  | 3235-0287  |   |  |
| Check this box   |   |   |                             |  |               |  | Expires:          | January 31,   |  |   |  |
| if no lo<br>subject  | ANGES I                                 | NGES IN BENEFICIAL OWNERSHIP OF                             |                             |  |               |  | Estimated average |   |  |   |  |
| -  | Section 16. SECUR                       |   |                             |  |               |  | RITIES            |   |  |   |  |
| Form 4   |   |   |                             |  |               |  |                   |   | burden hours<br>response                                     | 0.5   |  |
| Form 5   | iana Trittu pu                          | rsuant to Section   |                             |  |               |  | •                 |   |  |   |  |
| obligati<br>may co   | Section 17                              | (a) of the Public   | •                           |  | <b>U</b> 1    | •  |                   | 5 or Section  |  |   |  |
| -  | truction                                | 30(h) of the  | Investme                    | nt (   | Company A     | Act of   | f 1940            |   |  |   |  |
| (Print or Type   | e Responses)                            |   |                             |  |               |  |                   |   |  |   |  |
| 1. Name and Address of Reporting Person *2. Issuer Name and Ticker or TradingThompson KimberlySymbol |   |   |                             |  |               | 5. Relationship of Reporting Person(s) to Issuer |                   |   |  |   |  |
|  | or Smart, Inc. [LTNC]                   |   |                             |  |               | (Check all applicable)                           |                   |   |  |   |  |
| (Last) (First) (Middle) 3 Date   |   |   | ate of Earliest Transaction |  |               |  |                   | (Check  | an applicable)   |   |  |
| (Month/  |   |   | onth/Day/Year)              |  |               |  |                   | _ Director  | 10% 0  | Owner   |  |
|  |   |   | 1/24/2015X_ Officer (g      |  |               |  |                   |   | ve titleOther (specify below)<br>COO                         |   |  |
| (Street) 4. If An  |   |   | mendment, Date Original     |  |               |  | 6. In             | 6. Individual or Joint/Group Filing(Check                                       |  |   |  |
|  | -                                       |   |                             |  |               | licable Line)                                    |                   |   |  |   |  |
|  |   |   |                             |  |               |  |                   |   | ne Reporting Pers  |   |  |
| CASTRO   | VALLEY, CA 94                           | -552  |                             |  |               |  | Perso             |   | ore than One Rep   | orung   |  |
| (City)   | (State)                                 | (Zip) T   | able I - Nor                | ı-De   | erivative Sec | urities  | s Acquired        | , Disposed of,  | or Beneficially  | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code                        | TransactionDisposed of (D)<br>Code (Instr. 3, 4 and 5) |               |  |                   | or 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |   | Code V                      |  | Amount        | (A)<br>or<br>(D)                                 | Price             | Transaction(s<br>(Instr. 3 and 4  | ) (Instr. 4)   |   |  |
| Common   | 11/24/2015                              |   | Р                           | 50   | 0,000,000     | А  | \$<br>0.0002      | 50,198,300  | D  |   |  |

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

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 Acquired, Disposed of, or Beneficially Owned

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

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Addres</b>                               | 5 <b>S</b> | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| Thompson Kimberly<br>37789 PALOMARES RD.<br>CASTRO VALLEY, CA 9455 | 52         |               | COO     |       |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| /s/ Kimberly<br>Thompson   | 11/27/2015 |               |         |       |  |  |  |  |

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* 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.