FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

#### 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

1. Name and Address of Gordon Aaron	2. Issuer Name and LM FUNDING A			<b>·</b> ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
302 KNIGHTS RU	(First) N AVENUE, SU	TITE 1000	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016					X_Officer (give title below) Other (specify below) General Counsel & Secretary			
TAMPA, FL 33602	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 Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security 2. Transaction Date (Month/Day/Yea			Execution Date, if	3. Transaction Code (Instr. 8)					0 1	6. 7. Nature Ownership Form: Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	, , , , , , , , , , , , , , , , , , ,	Direct (D) or Indirect (I) (Instr. 4)	
Common Stock									200	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

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exer	cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securitie	es			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	b			(Instr. 3 and	d 4)		Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	d of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Data	Evaluation		or				
								Date Exercisable	Expiration Data	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock															
Options										Common					
	\$ 12.50	01/04/2016		Α		17,600		<u>(1)</u>	01/04/2026	Common Stock	17,600	\$ 0	17,600	D	
(right to										Stock					
buy)															
	<b>.</b>									Common	• • • •		• • • •	-	
Warrants	\$ 12.5							<u>(2)</u>	10/22/2020	Stock	200		200	D	
										Stock					

# **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Gordon Aaron 302 KNIGHTS RUN AVENUE SUITE 1000 TAMPA, FL 33602			General Counsel & Secretary						

### Signatures

/s/ Aaron Gordon	01/06/2016	
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) Grant to reporting person of option to buy shares under the 2015 Omnibus Incentive Plan. One-third of the options become exercisable on the first, second and third anniversary of the date of grant.

(2) Immediately exercisable.

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.