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Form 4 April 27, 20 FORN Check t if no lor subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	M 4 his box nger to 16. or ons ntinue. ruction STATEN STATEN Section 170	MENT OF rsuant to S (a) of the F	Wa CHA ection Public U	ashingtor NGES IN SECU 16(a) of t Jtility Ho	n, D.C. 209 N BENEFI RITIES he Securit	549 CCIA ies E ipany	L OWNE xchange A Act of 19	MMISSION CRSHIP OF Act of 1934, 935 or Section	OMB Number: Expires: Estimated av burden hour response		
(Print or Type	Responses)										
	Address of Reporting ROBERT W	Person [*]	Symbol	er Name an gen Inc [/	nd Ticker or ' AKAO]	Tradiı	-0	Relationship of F suer			
(Last)	(First) (Middle)	3. Date	of Earliest 7	Fransaction			(Check	all applicable)		
(Month/ 611 SOUTH FORT HARRISON AVE, SUITE 306								tleOther below)			
				onth/Day/Year) Ap				Individual or Joint/Group Filing(Check oplicable Line) <_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Та	hla I Non	Donivotivo	Soone		rson ed, Disposed of,	or Ponoficial	v Ownod	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	d Date, if	3. Transactic Code		s Acq f (D)	uired (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.001 per share	04/25/2018			Code V P	Amount 77,247	or (D) A	Price \$ 13.0225	(Instr. 3 and 4) 7,028,153	D		
Common Stock, par value \$0.001 per share	04/26/2018			Р	50,000	A	\$ 12.9551	7,078,153	D		
Common Stock, par	04/27/2018			Р	102,849	А	\$ 12.9623	7,181,002	D		

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value \$0.001			
per share			
Common			
Stock, par			See
value	72,170	Ι	Footnote
\$0.001			<u>(1)</u>
per share			
Reminder: Report on a separate line for each class of securities beneficially own	ed 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.

Exercisable Date

of

Shares

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative			. ,	Securities			(Instr. 3	and 4)		Owne
	Security				Acquired			X			Follo
	~~~~,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(III3ti
					× /						
					4, and 5)						
								А	mount		
								01	r		
						Date	Expiration	Title N	umber		

Code V (A) (D)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DUGGAN ROBERT W 611 SOUTH FORT HARRISON AVE SUITE 306 CLEARWATER, FL 33756		Х				
Signatures						
Robert W. Duggan, By: /s/ Robert W. Duggan		04/27/20	18			
**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) Shares are held by Genius Inc., of which the Reporting Person is the sole shareholder.

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.