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GRIMALDI	CLAUDIA											
Form 4	010											
August 31, 20										OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Subject to Section 16. Form 4 or Form 5 obligations may continue Fort 16. Filed pursuant to Sec Section 17(a) of the Pul				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940						January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type R	Responses)											
GRIMALDI CLAUDIA Symbo India			Symbol	er Name and Ticker or Trading Globalization Capital, Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/I				of Earliest Transaction /Day/Year) /2018					Director 10% Owner XOfficer (give title Other (specify below) below) Vice President and PFO			
			endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
								ore than One Reporting				
(City)	(State)	(Zip)	Tabl	e I - Non-l	Der	rivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Execution any	ned	3. Transacti Code (Instr. 8)	4 ion((4. Securitie A) or Disp Instr. 3, 4 ;	s Acquosed c and 5) (A) or	uired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	08/30/2018			Code V S		Amount 116,020	(D) D	Price \$2	552,987	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
GRIMALDI CLAUDIA PO BOX 60642 POTOMAC, MD 20859			Vice President and PFO						
Signatures									
/s/ Claudia Grimaldi	08/31/2018								
<u>**</u> 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).

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.