#### **BARKER ALICIA** Form 3 May 15, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### **OMB APPROVAL**

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>BARKER ALICIA |         | <ol> <li>Date of Event Requiring<br/>Statement</li> <li>(Month/Day/Year)</li> </ol> | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Staffing 360 Solutions, Inc. [STAF] |  |  |
|--|---------|---|---|--|--|
| (Last)   | (First) | (Middle)  | 04/01/2018  | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| C/O STAFF  | ING 360 |   |   |  | Thed(wond) Day Tear)                                 |

(Check all applicable)

(give title below) (specify below)

\_X\_\_ Director

Officer

10% Owner

\_ Other

SOLUTIONS, INC., 641 LEXINGTON AVENUE, 27TH **FLOOR** 

(Street)

## NEW YORK, NYÂ 10022

| (City)                       | (State)        | (Zip)                  | Table I - Non-Deriva  | Table I - Non-Derivative Securitie   |               |  |  |  |
|------------------------------|----------------|------------------------|---|--|---------------|--|--|--|
| 1.Title of Sec<br>(Instr. 4) | urity          |                        | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4.<br>O<br>(I |  |  |  |
| Reminder: Re                 | port on a sepa | arate line for each cl | ass of securities beneficially                              | SEC 1473 (7-02   | 2)            |  |  |  |

Nature of Indirect Beneficial wnership [nstr. 5)

Reporting Person **Beneficially Owned** 

Person

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

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

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         |                        | Derivative  | Security:  |                       |

## Edgar Filing: BARKER ALICIA - Form 3

| Date        | Expiration | Title | Amount or | Security | Direct (D)  |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date       |       | Number of |          | or Indirect |
|             |            |       | Shares    |          | (I)         |
|             |            |       |           |          | (Instr. 5)  |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
| the provide a strate of the st | Director      | 10% Owner | Officer | Other |  |  |
| BARKER ALICIA<br>C/O STAFFING 360 SOLUTIONS, INC.<br>641 LEXINGTON AVENUE, 27TH FLOOR<br>NEW YORK, NY 10022  | ÂX            | Â         | Â       | Â     |  |  |
| Signatures   |               |           |         |       |  |  |
| /s/ Christopher Lutzo,<br>Attorney-in-Fact 05/1  | 5/2018        |           |         |       |  |  |
| **Signature of Reporting Person  | Date          |           |         |       |  |  |
| Explanation of Responses:  |               |           |         |       |  |  |

## No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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.