Instruction 1(b)

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGE
obligations may continue. See	

OMB APPROVAL S IN BENEFICIAL OWNERSHIP

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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 Reporting Person* Fried Robert N						2. Issuer Name <b>and</b> Ticker or Trading Symbol  IDI, Inc. [ IDI ]									k all app Dired	olicable) ctor	g Person(s) to Issuer 10% Owner		
(Last) C/O IDI,	INC.,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016									Offic belo	er (give title w)		Other (specify below)	
(Street)	ATON F	TRAIL, SUITE	33431		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	,					
(City)	(S	tate) (	Zip)																
		Tab	le I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benef	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execution Date,		Transaction Disposi		4. Securitie Disposed O			and 5) Secu Bene		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Pric	е	Trans	action(s) 3 and 4)			(1130.4)
Common Stock <sup>(1)(2)</sup>				06/01/	2016				A		20,000	A	\$0.	00(1)(2)	20	,000(1)(2)	D		
Common	Stock														318,671 D				
Common	Stock <sup>(3)</sup>													50,000 D					
		Ta	able II								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da h/Day/\		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	er					

## **Explanation of Responses:**

- 1. On November 16, 2015, the reporting person received a grant, subject to stockholder approval, of 20,000 restricted stock units ("RSUs"), convertible into common stock of the issuer on a one-for-one basis. Stockholder approval was obtained on June 1, 2016. The RSUs vest in three equal annual installments beginning November 16, 2016 (the "Time Conditions") provided, however, that no tranche of RSUs will vest until it is determined that IDI has exceeded certain revenue targets and achieved positive EBITDA in any one fiscal year during the vesting period (the "Performance Conditions"). Upon a determination that IDI has exceeded the Performance Conditions, any RSUs that would have otherwise vested in accordance with the Time Conditions will vest at the time of such determination. Any subsequent tranches will vest in accordance with the Time Conditions.
- 2. The RSUs will immediately vest upon (i) a Change of Control, or (ii) the reporting person's death or disability.
- 3. Represents restricted stock units, convertible into common stock of the issuer on a one-for-one basis. The restricted stock units vest in three approximately equal installments on March 21, 2016, 2017 and 2018, subject to accelerated vesting under certain conditions.

## Remarks:

/s/ Robert N. Fried

06/03/2016

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.