## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     2. Issue							2. Issuer Name <b>and</b> Ticker or Trading Symbol  [DI, Inc. [ IDI ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) (First) (Middle) L						3. Date of Earliest Transaction (Month/Day/Year) 07/27/2015										Officer (give title Other (specify below) below)						
(Street)  MIAMI FL 33137  (City) (State) (Zip)					- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X     Form filed by More than One Reporting Person						
		Tabl	eI-	Non-Deriv	ative	e Sec	uritie	s Ac	quir	ed, I	Dispos	ed c	of, or I	3enefic	ciall	y Owne	ed					
Date				2. Transactio Date (Month/Day/\	ear)	Executi if any	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)				Acquired (A) or D) (Instr. 3, 4 and !		5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								c	ode	v	Amount		(A) or (D)	Price			ed ction(s) and 4)			(Instr. 4)		
Common Stock 07/27/201				15	5			P		5,00	0	A	A \$8.9631 <sup>(1</sup>		4,834,588 <sup>(2)</sup>		I		By Frost Gamma Investments Trust <sup>(3)</sup>			
		Та	ble I	II - Derivat (e.g., p												Owned						
			Trans Code	ransaction of ode (Instr. Derivation			Expi	ration	ercisable and n Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)				
					Code	v	(A)	(D)	Date Exer	cisabl		ation	Title	Amount or Number of Shares								
		Reporting Person*		,							7		,	•						•		

1. Name and Address of Reporting Person*  FROST PHILLIP MD ET AL								
(Last)	ast) (First)							
4400 BISCAYNE BOULEVARD								
(Street)								
MIAMI	FL	33137						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*     Frost Gamma Investments Trust								
(Last) (First)		(Middle)						
4400 BISCAYNE BOULEVARD								
(Street)								
MIAMI	FL	33137						
(City)	City) (State)							

## **Explanation of Responses:**

- 1. The shares were purchased in multiple transactions at prices ranging from \$8.60 to \$9.25, with a weighted average price per share of \$8.9631.
- 2. This Form 4 does not include up to 900,108 shares of common stock of the Issuer that may be issued to Frost Gamma Investments Trust to the extent certain revenue targets are achieved as set forth in that certain Merger Agreement and Plan of Reorganization dated December 14, 2014 to which the Issuer is a party.
- 3. These securities are held by Frost Gamma Investments Trust, of which Phillip Frost M.D., is the trustee. Frost Gamma L.P. is the sole and exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general partner of Frost Gamma L.P. is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. Dr. Frost is also the sole shareholder of Frost-Nevada Corporation. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Phillip Frost, M.D., **Individually and as Trustee** /s/ Phillip Frost, M.D., as

07/28/2015

**Trustee** 

07/28/2015

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

Exhibit 99

JOINT FILER INFORMATION

NAME: Frost Gamma Investments Trust

ADDRESS: 4400 Biscayne Blvd.

Miami, FL 33137

Designated Filer: Phillip Frost, M.D.

Issuer and Ticker Symbol: IDI, Inc. (IDI)

Date of Event Requiring Statement: July 27, 2015

FROST GAMMA INVESTMENTS TRUST

by: /s/ Phillip Frost, M.D.

Phillip Frost, M.D., Trustee