

Mobiquity Technologies, Inc.  
 Form 4  
 April 22, 2015

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Arnost Thomas M

2. Issuer Name and Ticker or Trading Symbol  
 Mobiquity Technologies, Inc.  
 [MOBQ]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 600 OLD COUNTRY ROAD,  
 SUITE 541  
 (Street)

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 04/22/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)

GARDEN CITY, NY 11530

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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.**

SEC 1474 (9-02)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative Securities Acquired (A) or	6. Date Exercisable and Expiration Date	7. Title Underly
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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)	(Instr. 3)	(Instr. 3)	
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Common Stock Options	\$ 0.3	04/22/2015	A	125,000		04/22/2015 <sup>(3)</sup>	04/22/2020	Common Stock
Common Stock Options	\$ 0.3	04/22/2015	A	100,000		04/22/2015 <sup>(3)</sup>	04/22/2025	Common Stock
Common Stock Options	\$ 1	04/22/2015	D		1,350,000	07/17/2014	04/17/2015	Common Stock
Common Stock Options	\$ 0.3	04/22/2015	A	4,500,000		04/22/2015	12/31/2015	Common Stock

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Arnost Thomas M 600 OLD COUNTRY ROAD, SUITE 541 GARDEN CITY, NY 11530	X			

## Signatures

/s/ Thomas N. Arnost  
04/22/2015

\*\*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) Not applicable.
- (2) Includes shares issuable upon exercise of notes (1,073,333 shares), options (1,500,000 shares), warrants (1,000,001 shares) and 4,500,000 shares issuable in the event Mr. Arnost agrees to convert \$1,350,000 which Mr. Arnost provided pursuant to a letter of credit.
- (3) These options are exercisable the later of April 22, 2015 or stockholder approval of an increase in the authorized number of shares, subject to the Issuer's 2009 Plan.

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.