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 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* D'Almada-Remedios Michael | | | | | | 2. Issuer Name and Ticker or Trading Symbol Nxt-ID, Inc. [NXTD] | | | | | | | | | | | p of Reporting Person(s) to blicable) ctor 10% | | son(s) to Is | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------|-----------|----------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------|-----------|--------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|--|
| (Last) (First) (Middle) 288 CHRISTIAN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2014 | | | | | | | | | | | Offic belov | er (give title w) | | Other (specify below) | | |
| (Street) OXFORD CT 06478 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indivine) | Forn Forn | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | ur) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 1 and Secur Benef | | cially 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) | Price | • | Transa | ansaction(s) estr. 3 and 4) | | | (instr. 4) | | | |
| Common Stock 04/01/ | | | | | | 2014 | | | | | 1,263 | | A | \$3.96(1) | | 2,513 | | | D | | |
| Common Stock 07/01/ | | | | | | | | | A | | 1,279 | | A | \$3.91(2) | | 3,792 | | | D | | |
| Common Stock 10/01/ | | | | | L/2014 | | | | | | 1,953 | | A | \$2.56(3) | | 5,745 | | | D | | |
| Common Stock 01/01/ | | | | | | 1/2015 | | | A 6,81 | | 6,818 | | A | \$2.2(4) | | 12,563 | | | D | | |
| | 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) | erivative Conversion Date Execution Conversion (Month/Day/Year) if any | | | n Date, Transa Code (I | | | tion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | | | 0. Ownership Form: Ore (D) Or Indirect Or (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | (A) | (A) (D) E | | | Expiration Date | Title | or Number of Title Shares | | | | | | | | |

Explanation of Responses:

- 1. The shares were received as compensation for Mr. D'Almada-Remedios's service as a member of the Board of Directors of the Issuer for the quarter ended March 31, 2014.
- 2. The shares were received as compensation for Mr. D'Almada-Remedios's service as a member of the Board of Directors of the Issuer for the quarter ended June 30, 2014.
- 3. The shares were received as compensation for Mr. D'Almada-Remedios's service as a member of the Board of Directors of the Issuer for the quarter ended September 30, 2014.
- 4. The shares were received as compensation for Mr. D'Almada-Remedios's service as a member of the Board of Directors of the Issuer for the quarter ended December 31, 2014.

/s/ Michael J. D'Almada-

Remedios

03/05/2015

** 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.