FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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* D'Almada-Remedios Michael 						2. Issuer Name and Ticker or Trading Symbol Nxt-ID, Inc. [NXTD]								(Che	ck all app	ionship of Reporting F all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) 288 CHRISTIAN STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015														
(Street) OXFORI (City)) CT		06478 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line	Forn	r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on				
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		3. 4. Securit Disposed Code (Instr. 8)					Securi Benefi	icially d Following	Form:	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D) or)	Price	Transa	action(s) 3 and 4)			(111501.4)
Common Stock			04/01	/2015	2015			A		5,085(1)		A	\$2.95	17,648			D		
		Та									sed of, onvertib				Owned				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date,	Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		btr. 3	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di Or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

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, 2015.

/s/ Michael J. D'Almada-

Remedios

04/09/2015

** 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.