FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| L | OMB APPROVAL | | | | | | | | | |
|----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 1 | OMB Number: | 3235-0287 | | | | | | | | |
| E | Estimated average burden | | | | | | | | | |
| Hъ | noure por roeponeo: | 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] | | | | | | | | | eck all app | ionship of Reporting F all applicable) Director | | Person(s) to Issuer 10% Owner | |
|---|--|------|--|-----------------------|----------------|---|--------|---------------------------------------|---|----------|---|---|---------------------------------|-----------------|--|---|---|---|--|
| (Last) 288 CHR | ast) (First) (Middle) 88 CHRISTIAN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015 | | | | | | | | | Offic belov | er (give title v) | | her (sp low) | pecify |
| (Street) OXFORI (City) | XFORD CT 06478 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) <mark>X</mark> 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 | uritie | s Acc | uired, | Dis | posed o | f, or E | 3ene | ficial | ly Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) Exe | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dispos Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Securi 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 (D |) or) | Price | Transa | action(s) 3 and 4) | | | |
| Common Stock 09/30/2 | | | | | /2015 | 2015 | | A | | 15,957 | (1) A | | \$0.9 | .94 39,934 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | n Date, Trans Code | | | of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 9 | B. Price of Derivative Gecurity Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | hip c E O) C ect (i | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amo or Num of Share | 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 September 30, 2015.

/s/ Michael J. D'Almada-

Remedios

10/02/2015

** 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.