

OMINTO, INC. Reported by HILL, MITCH C.

FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 05/18/17 for the Period Ending 12/08/16

Address 1515 SOUTH FEDERAL HIGHWAY

SUITE 307

BOCA RATON, FL 33432

Telephone 561-362-2393

CIK 0001097792

Symbol OMNT

SIC Code 7389 - Business Services, Not Elsewhere Classified

Industry Internet Services

Sector Technology

Fiscal Year 09/30



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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person *				2.	Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Hill, Mitch (С.			O	min	to, Inc	:. [ON	INT]								
(Last) (First) (Middle)				3.	Date	of Earli	est Tran	sactio	on (MN	M/DD/YYY	Y)	X _ Director Officer (given	ve title below		0% Owner ther (specify	below)	
1515 S. FED 307	ERAL E	IIGHW <i>A</i>	AY,, SU	ITE			12	2/8/2	016								
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
BOCA RATON, FL 33432 (City) (State) (Zip)							12	13/2	2016			X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I -	Non-De	rivat	ive Secu	ırities A	cqui	red, I	Disposed	of, or Be	eneficially Own	ed				
1. Title of Security (Instr. 3) 2. Trans. D			Trans. Date			(Instr. 8)		or Di (Inst	Securities Acquired (A) Disposed of (D) str. 3, 4 and 5) (A) or nount (D) Price		(Instr. 3 and 4) Form: Direct (D)		Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Tab	ole II - Der	ivative So	ecurities	Bene	eficially	Owned	(e.g.	, put	s, calls, v	varrants	, options, conve	rtible sec	urities)			
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	(Instr. 8)	s. Code 5. Number Derivative Acquired Disposed (Instr. 3,		e Securitie (A) or of (D)		6. Date Exercisab Expiration Date			Underlying Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)	(D)		cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Stock Option	\$4.0 <u>(1)</u>	12/8/2016		A		70000	(2)		<u>(3)</u>	1/26/2024	Common Stock	n 70000 (2)	\$0	90000	D		
Stock Option	\$4.0 <u>(1)</u>	12/8/2016		A	30000				<u>(4)</u>	6/6/2024	Common Stock	n 30000	\$0	120000	D		

Explanation of Responses:

- (1) Reflects increase to exercise price as determined by the Issuer's Board of Directors.
- (2) Reflects revocation of 180,000 shares underlying stock option as determined by Issuer's Board of Directors.
- (3) Option vests over 30 month period.
- (4) Option vests as follows: 5,000 options vested on the grant date, the remaining vest at a rate of 1/30 per month.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	irector 10% Owner Officer O		Other			
Hill, Mitch C. 1515 S. FEDERAL HIGHWAY, SUITE 307 BOCA RATON, FL 33432	X						

Signatures

/s/ Mitch C. Hill 5/18/2017

**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 control number.