FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*  BERTRAND ERIC J  2. Date of Event Requiring Statement (Month/Day/Year) 05/02/2016			nent	3. Issuer Name and Ticker or Trading Symbol <u>CREATIVE REALITIES</u> , <u>INC.</u> [ CREX ]							
(Last) LINCOLN RO	NCOLN ROAD MEDIA PARTNERS			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner		(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)				
444 BRICKELL AVE SUITE 900						Officer (give title below)	Other (spe below)	Ap	5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) MIAMI	FL	33131							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (I or Indirect (I) (Instr. 5)		cṫ(D) (Inst	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convo		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	9	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Eric J. Bertrand

12/12/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).