## Edgar Filing: NORTHSIGHT CAPITAL, INC. - Form 4

NORTHSIGHT CAPIT Form 4	AL, INC.							
October 20, 2015					OMB API			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB AFI OMB Number:	3235-0287		
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 OF 								
(Print or Type Responses)								
1. Name and Address of Re Park Kae	Sym NO	Symbol     Issuer       NORTHSIGHT CAPITAL, INC.			onship of Reporting Person(s) to (Check all applicable)			
		[NCAP]			••	-		
(Last) (First) POST OFFICE BOX 1	(Mo				Director 10% Owner Difficer (give title Other (specify below)			
(Street)	Filed(Month/Day/Year) Applicable I							
SCOTTSDALE, AZ 85267 Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State)	(Zip)	Table I - Non-Derivative S	ecurities Acquired,	Disposed of, or	r Beneficially	Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day)		if TransactionDisposed of Code (Instr. 3, 4 and	(D) S nd 5) F ( F	Beneficially Dwned Following	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code V Amount	(A) or	Reported Fransaction(s) Instr. 3 and 4)	(I) (Instr. 4)			
Common 10/16/2015 Stock		S 1,750,000	D \$0.014 5	51,149,667	D			
Common 10/16/2015 Stock		S 250,000	D <sup>\$</sup> 0.0001 5	50,899,667	D			

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

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
Park Kae POST OFFICE BOX 14110 SCOTTSDALE, AZ 85267		Х						
Signatures								
/s/ Kae Yong Park	10/20/2015							
<u>**</u> Signature of Reporting Person	Date							

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.