## Edgar Filing: CICERO INC - Form 4

CICERO IN	ЛС									
Form 4										
April 10, 20	)15									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check the check								Expires:	January 31,	
subject		MENT OF CH			AL C	)WNI	ERSHIP OF	Estimated a	2005 Verage	
Section			SECU	SECURITIES					's per	
Form 4								response	. 0.5	
Form 5 obligation		ursuant to Section				-				
may cor		7(a) of the Public	•	<b>e</b> .	•		935 or Section	l		
See Inst	ruction	30(h) of th	e Investme	nt Company A	ct of	1940				
1(b).										
(Print or Type	Responses)									
1. Name and	Address of Reportin	g Person * 2	21 issuer i tame and i tener of i trading				5. Relationship of Reporting Person(s) to			
Steffens Jo	-						Issuer			
			ERO INC	[CICN]						
							(Check all applicable)			
(Last)	(First)		3. Date of Earliest Transaction				_X_ Director	<b>V</b> 10%	Owner	
C/O SPRING MOUNTAIN			(Month/Day/Year) 04/08/2015				X_ DirectorX_ 10% Owner Officer (give title Other (specify			
	LP, 65 EAST 5	•	012015			b	elow)	below)		
	33RD FLOOR	• • • • •								
	(Street)	/ If	Amendment, 1	Date Original		6	Individual or Ioi	nt/Group Filin	g(Check	
(Sileet)			I(Month/Day/Y	-			6. Individual or Joint/Group Filing(Check Applicable Line)			
		The	(Woldin Duy) IV	cur)			X_Form filed by O	ne Reporting Per	rson	
NEW YOR	RK, NY 10022					_ D	Form filed by M Person	ore than One Rep	porting	
( <b>C</b> :t-1)	(54-4-)	(7:)								
(City)	(State)	(Zip)	Table I - Non	-Derivative Secu	ırities	Acqui	red, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Dat		3.	4. Securities A		d (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		if Transacti Code	ionor Disposed of			Securities Beneficially	Ownership Form:	Indirect Beneficial	
(Instr. 3)		any (Month/Day/Ye		(Instr. 3, 4 and	3)		Owned	Form: Direct (D)	Ownership	
		(1.101111,2 4), 10	a) (1110411-0)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I)		
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common										
Stock,	0.4.00.00.00.00		-(1)							
-	04/08/2015		J <u>(1)</u>	69,505,140	А	<u>(1)</u>	101,767,669	D		
value per										
share										

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

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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
Steffens John C/O SPRING MO 65 EAST 55TH ST NEW YORK, NY	Х	Х						
Signatures	5							
/s/ John L. Steffens	04/10/2015							
**Signature of	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).

On April 8, 2015, the Reporting Person entered into an Exchage Agreement, pursuant to which the Reporting Person converted an
 (1) aggregate of \$6,950,514 of debt owed to him by the Issuer into 69,505,140 shares of of the Issuer's Common Stock, at a rate of \$0.10 per share.

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.

Reporting Person