# FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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0.5

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 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

Name and Address of Reporting Person –  ALI NADIR			2. Issuer Name and Ticker or Trading Symbol Sysorex Global Holdings Corp. [SYRX]				_>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
C/O SYSOREX GLOBAL HOLDINGS CORP., 2479 E. BAYSHORE ROAD, SUITE 195  (Street)  PALO ALTO, CA 94303			3. Date of Earliest Transaction (Month/Day/Year) 04/17/2015					X_Officer (give title below) Other (specify below)  Chief Executive Officer  6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
			4. If Amendment, Date Original Filed(Month/Day/Year)											
(City	y)	(State)	(Zip)			Table	I - Non-Deri	vative Securitie	es Acquire	l, Disposed o	of, or Benefi	cially Owner	i	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Benef Owned Following Reported Transaction(s) (Instr. 3 and 4)		O Fo	Ownership Form:	'. Nature of Indirect Beneficial Ownership		
			•	Co	ode V A	mount (A) or (D)	Price			or (I)	or Indirect (I) (Instr. 4)	Instr. 4)		
1. Title of Derivative		aversion Date Sexercise (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year)	(e.g., puts, calls, warrants  4. 5. Number of Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed o		quired, Dispo s, options, co	Expiration Date of Unit (Month/Day/Year) of Unit (Inst.)				9. Number of Derivative Securities Beneficially Owned	Ownership Form of Derivative Security:			
Security (Instr. 3)	Price of Derivative			Code	Secur Acqu or Dis	ities ired (A)	Expiration (Month/Day	Date			Derivative Security	Derivative Securities Beneficially Owned	Ownersh Form of Derivativ Security:	Beneficia Ownershi (Instr. 4)
	Price of		any	Code	Secur Acqu	ities ired (A) sposed o	Expiration (Month/Day	Date y/Year)	7. Title an of Underly Securities (Instr. 3 and	Amount	Derivative Security	Derivative Securities Beneficially	Ownersh Form of Derivativ Security: Direct (D or Indirec	of Indirect Beneficia Ownershi (Instr. 4)
	Price of Derivative		any	Code	Secur Acqu or Dis (D) (Instr	ities ired (A) sposed o	Expiration (Month/Day  f  Date Exercisable	Date y/Year)  Expiration	7. Title an of Underly Securities	ying nd 4)	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(	Ownersh Form of Derivativ Security: Direct (D or Indirects)	of Indirect Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
ALI NADIR C/O SYSOREX GLOBAL HOLDINGS CORP. 2479 E. BAYSHORE ROAD, SUITE 195 PALO ALTO, CA 94303	X		Chief Executive Officer		

## **Signatures**

/s/ Nadir Ali	08/07/2015
**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).
- (1) The stock options vest 1/48th at the end of each month starting from the grant date.

(2) The reporting person is a participant in the Company's Amended and Restated 2011 Employee Stock Incentive Plan, as amended from time to time.

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.