

(Print or Type Responses)

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

OMB APPROVAL					
OMB Number:	3235-0104				
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nours per respons	se 0.5				

#### INITIAL STATEMENT OF 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 * Hoffman Tyler	Statement (Month/Day/Year) -05/19/2020			3. Issuer Name and Ticker or Trading Symbol INPIXON [INPX]				
(Last) (First) (Middle) 2479 E BAYSHORE ROAD, SUITE 195			Issuer	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director X Officer (give title Other (specify below)  Chief Revenue Officer		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) PALO ALTO, CA 94303			Director X Officer (give below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		Ве		t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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.								
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4) an	. Date Exercisable nd Expiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate kercisable	Expiration Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

Deporting Owner Name /	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Hoffman Tyler 2479 E BAYSHORE ROAD SUITE 195 PALO ALTO, CA 94303			Chief Revenue Officer	

# **Signatures**

/s/ Tyler Hoffman	05/21/2020
**Signature of Reporting Person	Date

## **Explanation of Responses:**

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.