FORM 4

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

| OIVIB APPROVAL | | | | |
|--------------------|-----------|--|--|--|
| OMB Number: | 3235-0287 | | | |
| Estimated average | burden | | | |
| hours per response | 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

| Print or Type Responses) | | | 2 1- | | | | | | 5 Pa | 5 Relationship of Reporting Person(s) to Issuer | | | | | |
|--|---|--|---|---|---|--------------------------------------|--|---|----------------------------|---|--|---|---|--|--|
| 1. Name and Address of Reporting Person Hoffman Tyler (Last) (First) (Middle) 2479 E BAYSHORE ROAD, SUITE 195 (Street) PALO ALTO, CA 94303 (City) (State) (Zip) | | | | INPIXON [INPX] 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2020 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | X | | | | |) | |
| | | | 4. If Am | | | | | | _X_ Fo | | | | | | |
| | | | | | | | | | Acquired | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | Exect ear) any | / | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ded 5. Amount of Sect Owned Following Transaction(s) | | ficially | 6. Ownership Form: | Beneficial | |
| | | | | (Mon | th/Day/Year) | | Code V | Amount | (A) or (D) | Price (Instr. | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4) | | Ownership (Instr. 4) | | |
| | | | | | | | | | | | | | | | |
| | | | Table | | ative Securiti | | cquired, Disp | osed of, | or Benefic | | | | | | |
| 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 | 4. Transacti Code | ative Securitis outs, calls, was 5. Numbe Derivative Securities Acquired or Dispose (D) (Instr. 3, 4 and 5) | r of e (A) ed of | cquired, Disp ats, options, c 6. Date Exer Expiration I (Month/Day | oosed of, onvertib | or Benefic de securitie | ially Owned | 1 Amount | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction | Owners: Form of Derivati Security Direct (or Indirects) (I) | Ownersh (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transacti Code (Instr. 8) | 5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4 | r of e (A) ed of | cquired, Disp ats, options, c 6. Date Exer Expiration I (Month/Day | oosed of, onvertib cisable a Date /Year) | or Benefic | 7. Title and of Underly Securities | 1 Amount | Derivative Security | Derivative Securities Beneficially Owned Following Reported | Owners: Form of Derivati Security Direct (or Indire | nip of Indired Beneficia Ownersh (Instr. 4) |

Reporting Owners

| D (1 0 N / | 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:

- * 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 each month starting from the grant date.
- (2) The stock options are granted under Inpixon's 2018 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. |
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