## FORM 4

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

OMB 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)  1. Name and Address of Reporting Person*  LILIEN GEOFFREY					2. Issuer Name and Ticker or Trading Symbol Sysorex Global Holdings Corp. [SYRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner X_ Officer (give title below) Other (specify below)  CEO, Lilien Systems					
(Last) (First) (Middle) 3375 SCOTT BLVD., SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 04/15/2014											
(Street) SANTA CLARA, CA 95054				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						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 Acqu					Acqui	lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			Date	nsaction th/Day/Year)	Execuany	Deemed cution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficia Reported	t of Securities ly Owned Following Transaction(s)		6. Ownership Form:	Beneficial
					(Mon	th/Day/Year)	Code	· V	Amount	(A) or (D)	Price	(Instr. 3 a	ind 4)	\ /	Ownership (Instr. 4)	
Common	Stock		04/1:	5/2014			S		166,667	7 D	\$ 5.58	1,539,2	41		D	
Kellilidel.	Report on a s	separate line to	or each	class of secu	rities b	peneficially o	wned di	Per	sons who	o respoi			ction of inf	ormation		1474 (9-02)
Kellilidei.	Report on a s	eparate line to	or each	Table II -	Deriv	ative Securi	ties Acq	Per cor the	rsons who ntained in form dis Disposed o	respon this for plays a	m are currer eficiall	not requ tly valid	ired to res		ss	1474 (9-02)
1. Title of	•	3. Transactio Date (Month/Day/	n	Table II -	Deriv (e.g., 1	ative Securit outs, calls, w 4. Transaction Code	ties Acq arrants,	Per cor the corting option 6. I and (M	rsons who ntained in form dis Disposed o	o respon this for plays a f, or Ben ible secun isable n Date	eficiall rities) 7. Ti Amo Unde Secu	not requ tly valid	OMB conf	pond unle	of 10. Ownersl Form of Derivati Security Direct (lor Indire	11. Nation of Indir Benefic Owners: (Instr. 4

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LILIEN GEOFFREY 3375 SCOTT BLVD., SUITE 440 SANTA CLARA, CA 95054	X		CEO, Lilien Systems				

## Signatures

/s/ Geoffrey Lilien	04/16/2014
**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) Represents public offering price of \$6.00 net of the underwriters' discount of \$0.42.

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.