

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
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

(Print or Type Responses)							
1. Name and Address of Reporting Person*  OSBORN BRET  2. Date of Event I Statement (Month 04/08/2014		t (Month/E	1 &		and Ticker or Trading Symbol oal Holdings Corp. [SYRX]		
(Last) (First) (Middle) 3375 SCOTT BOULEVARD, SUITE 440			4. Relationship of Issuer		\ /	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SANTA CLARA, CA 95054			(Check all applicable)  _X_ Director		cify Applicable I  _X_ Form fi	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				wned		
		Amount of S eneficially Ov nstr. 4)	wned	. Ownership orm: Direct D) or Indirect I) Instr. 5)  4. Nature of Indirect Beneficial Ownership (Instr. 5)		ct Beneficial Ownership	
Common Stock, \$0.001 par value		6	611,006		D		
Reminder: Report on a separate line for each class of Persons who respondences the form displayed and the Person of the Person o	d to the co ays a cur	ollection rently val	of informati	ion contained in the transfer			
(Instr. 4)	nd Expiration Date Sectionth/Day/Year)  Section Date Section Date Section Date		3. Title and Securities U Security (Instr. 4)	Amount of Jnderlying Derivative	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	ate xercisable	Expiration Date	Title Amou	unt or Number of	Security	(D) or Indirect (I) (Instr. 5)	

## **Reporting Owners**

Ī		Relationships			
Reporting Owner Name / Address		Director	10% Owner	Officer	Other
	OSBORN BRET 3375 SCOTT BOULEVARD, SUITE 440 SANTA CLARA, CA 95054	X		President, Lilien Systems	

#### **Signatures**

/s/ Bret Osborn	04/08/2014
***Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.