FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0       |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  |         | . 1  |                     | Т.   |  |   |  |  |   |  |   |  |
|--|---------|--|---------------------|--|--|---|--|--|---|--|---|--|
| 1. Name and Add  Kraft Micha                   |         | 2. Date of Event<br>Requiring Stater<br>(Month/Day/Yea<br>03/21/2017 | ment                | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  3DICON CORP [ TDCP ] |  |   |  |  |   |  |   |  |
| (Last) (First) (Middle) C/O 3DICON CORPORATION |         |  |                     |  | tionship of Reporting Perso<br>all applicable)<br>Director | 10% Owne  | r                                      | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |   |  |
| 6804 SOUTH CANTON AVENUE, SUITE<br>150         |         |  |                     |  | X  | Officer (give title below)  Chief Executive                     | Other (spe-<br>below)<br>Officer       | cify   | Appli   | 5. Individual or Joint/Group Filing (Check<br>Applicable Line)<br>X Form filed by One Reporting Person |   |  |
| (Street) TULSA                                 | OK      |  |                     |  |  |   |  |  | Form filed by More than One<br>Reporting Person       |  |   |  |
| (City)   | (State) | (Zip)  |                     |  |  |   |  |  |   |  |   |  |
|  |         |  | Table I - Nor       | n-Derivati   | ive Se   | curities Beneficiall  | y Owned                                |  |   |  |   |  |
| 1. Title of Security (Instr. 4)                |         |  |                     |  |  | ally Owned (Instr. 4)   |  |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |   |  |
| Common Stock, par value \$.0001                |         |  |                     |  |  | 0(1)  | D                                      |  |   |  |   |  |
|  |         | (e.  |                     |  |  | ırities Beneficially (<br>ptions, convertible                   |  | s)   |   |  |   |  |
| Expirat  |         |  | Expiration Da       |  |  | 3. Title and Amount of Securitie Underlying Derivative Security |  | 4.<br>Conver<br>or Exer<br>Price o                       | kercise   | 5.<br>Ownership<br>Form:<br>Direct (D)   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|  |         |  | Date<br>Exercisable | Expiration<br>Date   | Title  |   | Amount<br>or<br>Number<br>of<br>Shares | Derivat<br>Securit                                       | ive   | or Indirect<br>(I) (Instr. 5)  |   |  |
|  |         |  |                     |  |  |   |  |  |   |  |   |  |

## **Explanation of Responses:**

- 1. In connection with the Issuer's appointment of the Reporting Person as its CEO, the Issuer agreed to issue a \$25,000 bonus in the Issuer's restricted stock upon the occurrence of certain events.
- 2. In connection with the Issuer's appointment of the Reporting Person as its CEO, the Issuer agreed, upon the occurrence of certain events, to issue an option to purchase up to \$50,000 of the Issuer's common stock at an exercise price equal to the market price as of the date the Issuer meets certain milestones.

<u>/s/ Michael A. Kraft</u> <u>03/27/2017</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.

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 Number.