FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

of Section 30(ii) of the investment Company Act of 1340												
1. Name and Address of Reporting Person* AROESTY SIDNEY A			2. Date of Event Requiring Statement (Month/Day/Year) 05/03/2012 3. Issuer Name and Ticker or Trading Symbol 3DICON CORP [TDCP.BB]									
(Last) (First) (Middle) C/O 3DICON CORPORATION					Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(N	5. If Amendment, Date of Original Filed (Month/Day/Year)			
6804 SOUTH CANTON AVENUE, SUITE 150					Officer (give title Other (specify below) below)		, 10.	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) TULSA	OK	74136								y More than One		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securitie Underlying Derivative Security			4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			
Options to buy	common stock	ζ	06/13/2011	06/13/2016	6	Common Stock	57,143	1.08	D			

Explanation of Responses:

/s/ Sidney Aroesty

07/25/2012

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).