FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF C | HANGES | IN BENEFI | CIAL | OWNERSH | IP |
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OMB APPROVAL OMB Number: 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).

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. Name and Address of Reporting Person* Solomon Aaron | | | | | | 2. Issuer Name and Ticker or Trading Symbol IDI, Inc. [IDI] | | | | | | | | | (Check all app Direc | | ctor | | 10% C | wner | | |
|--|---|--------|--|------------------------------|--------|---|---|---------------------|--|------|--|--|---|-----------------------------------|-------------------------|---|--|---|--|--------------|------------|--|
| (Last) C/O IDI, | INC. | (First |) (I | Middle) | n | | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2015 | | | | | | | | | X | Officer (give title below) Other (specify below) Interim CFO | | | | | |
| (Street) | | | | 3431 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (| State | e) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction D Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securit Benefic Owned | | ties cially I Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | ;e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | 09/25 | 5/2015 | | | | P | | 695 | | A | \$ | \$6.6 | | 1,000 | | I | By IRA | | |
| Common | Common Stock | | | | | | | | | | | | | | Γ | Ì | - | 1,000 | | D | | |
| Common | Common Stock | | | | | | | | | | | | | | | - | 1,000 | | I | By spouse | | |
| Common Stock ⁽¹⁾ | | | | | | | | | | | | | | | | 5 | 0,000 | | D | | | |
| | | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | Date, y/Year) _ | 4. Transa Code (8) | (Instr | on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/E | Date Expiration Expiration Date Expiration Date Expiration Expiration Exercisable Date Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D o (I | .0. Ownership Form: Direct (D) Or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Represents restricted stock units, convertible into common stock of the issuer on a one-for-one basis. The restricted stock units vest in three approximately equal installments on March 21, 2016, 2017 and 2018, subject to accelerated vesting under certain conditions.

Remarks:

/s/ Aaron Solomon

09/28/2015

** Signature of Reporting Person

Date

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

- * 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).

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.