## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasiiiigtoii,	D.C. 20349	

OMB APPROVAL

1	OIVID ALL L	TOVAL
	OMB Number:	3235-0287
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	hours per response:	0.5
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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 Se	ction 30	u(n) of the	investm	ent C	ompany Act	of 1940						
		Reporting Person* P MD ET AL						e <b>and</b> Ticl	ker or Tr	ading	Symbol			Relationship o heck all applicant X Director	able)	ting Pers	( )	ssuer Owner
(Last) 4400 BIS	•	irst) OULEVARD	(Middle)				of Ear 2016	liest Trans	saction (f	Month	ı/Day/Year)			Officer (below)	(give titl	le	Othe belov	r (specify v)
(Street) MIAMI	F	L	33137		_   4. _	If Am	nendme	ent, Date o	of Origina	al File	d (Month/Da	ay/Year)			led by C	oup Filing One Repo	rting Per	son
(City)	(S	state)	(Zip)		<u> </u>								<u> </u>					
1. Title of	Security (Ins		ible I - N	2. Transa Date (Month/E	action	ear) i	2A. Dee Executi if any		3. Transa Code ( 8)	ction	4. Securitie	es Acquire	d (A) or	5. Amount of Securities Beneficially Owned Follo	,	6. Owner Form: D (D) or Ir (I) (Instr	Direct Indirect 1. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)
Common	Stock			03/11	1/2016	6			A		900,108	3 A	(1)	12,873,	223	I		By Frost Gamma Investments Trust <sup>(2)</sup>
Common	Stock			03/11	1/2016	6			С		524,750	) A	(3)	13,397,	973	I		By Frost Gamma Investments Trust <sup>(2)</sup>
			Table II								posed of converti			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (i 8)		Deri Secu Acqu or D of (D	umber of vative urities uired (A) isposed o) (Instr. and 5)	6. Date Expirati (Month/	on Da		of Securi Underlyi	ng e Security	8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Report	ities icially d <i>i</i> ing	10. Ownersi Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Share		(Instr.			
Warrant	(3)	03/11/2016			С			524,750	(3)		(3)	Common Stock	524,75	0 \$0.00		0	I	By Frost Gamma Investment Trust <sup>(2)</sup>
1. Name a	nd Address of	Reporting Person*											a .	1	•			

(Last)	(First)	(Middle)	
	YNE BOULEVARD	(Middle)	
(Street)			
MIAMI	FL	33137	
(City)	(State)	(Zip)	
	dress of Reporting Person		
Frost Gami	ma Investments Tr	<u>rust</u>	
Frost Gami	ma Investments Tr	<u>rust</u>	
(Last) 4400 BISCAY	ma Investments Tr	<u>rust</u>	

# Explanation of Responses:

2. These securities are held by Frost Gamma Investments Trust, of which Phillip Frost M.D., is the trustee. Frost Gamma L.P. is the sole and exclusive beneficiary of Frost Gamma Investments Trust. Dr. Frost is one of two limited partners of Frost Gamma L.P. The general partner of Frost Gamma L.P. is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. Dr. Frost is also the sole shareholder of Frost-Nevada Corporation. The reporting person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein and this report shall not be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

3. The shares of Common Stock were issued in exchange for the surrender of a warrant to purchase Common Stock, with one share of Common Stock issued for each share of Common Stock available for purchase under such warrant.

#### Remarks:

/s/ Phillip Frost, M.D., Individually 03/15/2016

/s/ Phillip Frost, M.D., as

03/15/2016

**Trustee** 

\*\* 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.

Exhibit 99

JOINT FILER INFORMATION

NAME: Frost Gamma Investments Trust

ADDRESS: 4400 Biscayne Blvd.

Miami, FL 33137

Designated Filer: Phillip Frost, M.D.

Issuer and Ticker Symbol: IDI, Inc. (IDI)

Date of Event Requiring Statement: March 11, 2016

FROST GAMMA INVESTMENTS TRUST

by: /s/ Phillip Frost, M.D.

Phillip Frost, M.D., Trustee