FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								

3235-0287 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

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

mstruci	.ion 1(b).		FIRE							ompany			1934				<u> </u>			
		Reporting Person*			ssuer N I <u>, Inc</u>			ker or	Trading	Symbol	I				heck al		icable)	_	rson(s) to Is	
(Last) 4400 BIS	(Fii	rst) (I	Middle)		Officer (give title Other						Other below)	(specify								
(Street) MIAMI (City)	FL (St		3137 Zip)	- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						ne) 	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Tabl	e I - Non-Deriv	/ative	Seci	uritie	s Ac	quire	d, Di	spose	d of,	or E	Benef	icia	ılly Oı	vne	d			
1. Title of S	Security (Inst	r. 3)	2. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution D y oth/Day/	ate,	3. Transa Code 8)			urities A sed Of (D			and	Secu Bene	nount of rities ficially ed Follo		6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature o Beneficial (Instr. 4)	
							Code	v	Amou	nt	(A) oi (D)	r Prio	~ ·	Trans	saction(. 3 and					
Common	Stock		05/09/2016				P		2,19	0,000	A	\$4	4.8	15	,607,9	73	I		By Frost Investme	Gamma entsTrust ⁽¹⁾
		Та	ble II - Derivat (e.g., p												/ Own	ed				
Security or Exercise (Month/Day/Year) if any		Execution Date,	Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expirat Date		Title	Amou or Numb of Share	er						
1. Name an	d Address of	Reporting Person*																		

1. Name and Address of Reporting Person* FROST PHILLIP MD ET AL								
(Last)	(First)	(Middle)						
4400 BISCAYNE BOULEVARD								
(Street)								
MIAMI	FL	33137						
(City)	(State)	(Zip)						
_	ress of Reporting Pers na Investments							
(Last)	(First)	(Middle)						
4400 BISCAYNE BOULEVARD, 15TH FLOOR								
(Street)								
MIAMI	FL	33137						
(City)	(State)	(Zip)						

Explanation of Responses:

1. 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, 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.

Remarks:

/s/ Phillip Frost, M.D., as <u>Trustee</u>

** Signature of Reporting Person

Date

05/11/2016

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: May 9, 2016

FROST GAMMA INVESTMENTS TRUST

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

Phillip Frost, M.D., Trustee $\,$