

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPRO | VAL |
|-------------------|-------|
| OMB | 3235- |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | | |
|---|---------------------|--|--------|--|--|----------------------|--|--|--|
| 1. Name and Address of Reporting Person * GOOLDY KIRSTIN L. | Staten (Mont | | | | 3. Issuer Name and Ticker or Trading Symbol FTE Networks, Inc. [FTNW] | | | | |
| (Last) (First) (Middl 105 ARGONNE AVENUE | e) 03/1/ | /2016 | | 4. Relationshiperson(s) to I | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) LONG BEACH, CA 90803 | | | | Director X Officer (gi | _X_ Officer (give Other (specify | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person | |
| (City) (State) (Zip) |) | Table I - Non-Derivative Securities Beneficially Owned | | | | | Owned | | |
| 1.Title of Security (Instr. 4) | | Ber | | nt of Securities Ily Owned | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | Owner | ship | lirect Beneficial | |
| Series F Preferred Stock | | 1,0 | 1,000 | | D | | | | |
| Common Stock | | 50, | 50,000 | | D | | | | |
| | respond t | o the coll | ectio | neficially owned d n of information rm displays a cu | contained | in this | | | |
| Table II - Derivative So | ecurities Ber | neficially O | wned | (e.g., puts, calls, | warrants, op | | nvertibl | e securities) | |
| 1. Title of Derivative Security (Instr. 4) | | Expiration Date th/Day/Year) | | tle and Amount of rities Underlying vative Security r. 4) | Conversion or Exercise Price of | se Fori Der | nership m of ivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Numb of Shares | Derivative Security | Dire or In (I) | urity: ect (D) ndirect tr. 5) | | |
| Reporting Owners | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|--------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| GOOLDY KIRSTIN L. | | | | | | |
| 105 ARGONNE AVENUE | | | Chief Compliance Officer | | | |
| LONG BEACH, CA 90803 | | | | | | |

Signatures

| /s/ Kirstin L. Gooldy | 04/13/2016 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.