

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | |
|-------------------|-------|--|--|--|--|
| OMB | 3235- | | | | |
| Number: | 0104 | | | | |
| Estimated average | | | | | |
| burden hours per | | | | | |
| response | 0.5 | | | | |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 | ne and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol | | | | | |
| Person [*] | Statement | FTE Networks, Inc. [FTNW] | | | | |
| Palleschi Michael | (Month/Day/Year) 12/21/2015 | | | | | |
| (Last) (First) (Middle) | 12/21/2013 | 4. Relationship of Reporting | | | 5. If Amendment, Date Original | |
| 1464 PALMA BLANCA CT. | | Person(s) to Issuer (Check all applicable) _X DirectorX 10% Owner _X Officer (give Other (specify title below) below) Chief Executive Officer | | | Filed(Month/Day/Year) 6. Individual or Joint/Group | |
| (Street) | | | | | | |
| NAPLES, FL 34119 | | | | | Filing(Check Applicable Line) _X_Form filed by One Reporting Person | |
| | | | | Form filed by More than One Reporting Person | | |
| (City) (State) (Zip) | Table I - N | on-Derivati | ve Securitie | s Ben | eficially Owned | |
| 1.Title of Security | 2. Amount of | Securities | 3. | 4. Nat | ure of Indirect Beneficial | |
| (Instr. 4) | | Beneficially Owned | | Ownership | | |
| | (Instr. 4) | | Form: Direct | (Instr. | 5) | |
| | | | (D) or In direct (D) | | | |
| | | | Indirect (I) (Instr. 5) | | | |
| | 252.022 | | × , | | | |
| Series F Preferred Stock | 252,022 | | D | | | |

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

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 control number. SEC 1473 (7-02)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | and Expirati | nd Expiration Date Month/Day/Year) | | vative Security | or Exercise | Ownership | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
|---|---------------------|---------------------------------------|--|-------------------------------|-------------|---|---|--|
| | Date Exercisable | Expiration Date | | Amount or Number of Shares | | Security: Direct (D) or Indirect (I) (Instr. 5) | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|-------------------------|-------|--|
| Reporting Owner Maine / Address | Director | 10% Owner | Officer | Other | |
| Palleschi Michael 1464 PALMA BLANCA CT. NAPLES, FL 34119 | Х | Х | Chief Executive Officer | | |

Signatures

| /s/ Michael Palleschi | 04/15/2016 |
|----------------------------------|------------|
| ***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.