

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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 *- | | 2. Date of Event Requiring Statement | | ~ | 3. Issuer Name and Ticker or Trading Symbol FTE Networks, Inc. [FTNW] | | | | |
| LETHEM DAVID | (Mont | h/Day/Year |) | TIL NOWO | TTE Networks, Inc. [FTN w] | | | | |
| (Last) (First) (Middl 12378 ROCK RIDGE LANE | 03/17/ | 03/17/2016 | | Person(s) to Is | | File | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| FORT MYERS, FL 33913 | | | | DirectorX Officer (given title below) | 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) | <u>.</u> | Ben | | t of Securities lly Owned | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | Ownership | | rect Beneficial | |
| Common Stock | | 150 | 150,000 | | D | | | | |
| Preferred Series F | | 1,0 | 1,000 | | 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. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | |
| | T | | | | | | | · | |
| 3 | | piration Date Solay/Year) Solay/Year) Solay/Year) | | tle and Amount of rities Underlying vative Security (. 4) | Conversion or Exercise Price of | Form of Derivative | hip l | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Numb of Shares | Derivative Security | Security Direct (I or Indire (I) (Instr. 5) | t (D) irect | | |
| | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--------------------------------|---------------|-----------|-------------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| LETHEM DAVID | | | | | |
| 12378 ROCK RIDGE LANE | | | Chief Financial Officer | | |
| FORT MYERS, FL 33913 | | | | | |

Signatures

| /s/ David Lethem | 04/18/2016 |
|-------------------------------|------------|
| 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.