FORM 4	ŀ
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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).	1

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

N	OMB APPROVAL						
	OMB :	3235-					
	Number:	0287					
F	Estimated average	е					
	burden hours per						
	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 Addres Fox Dale	ss of Reporting Perso	Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O ITUS CORP WILSHIRE BOU 1275	0 (Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015					Officer (give title Officer (give title below)		specify below)			
LOS ANGELES	Filed(Month	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(eny)	(State) (Zip)	Table I	Table I - Non-Derivative Securities Acqui					uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Date, if Transaction		4. Securi Acquired Disposed (Instr. 3, Amount	l (A) d l of (I 4 and (A) or	D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

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

SEC 1474 Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (

e.g.,	puts, calls	, warrants,	options,	convertibl	e securitie	s)

		(puis, cans, warran	,				,							
Security	Conversion	3. Transaction Date (Month/Day/Year)		Code	ion	5. Numbe Derivative Securities (A) or Dis (D) (Instr. 3, 4	Acquired sposed of	6. Date Exe Expiration I (Month/Day	Date //Year)	7. Title and of Underly Securities (Instr. 3 an	ing	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Employee Stock Option	\$ 0.25	02/05/2015		D(1)			150,000	<u>(1)</u>	08/08/2024	Common Stock	150,000	<u>(1)</u>	0	D	
Employee Stock Option	\$ 0.103	02/05/2015		A ⁽¹⁾		150,000		<u>(1)</u>	08/08/2024	Common Stock	150,000	<u>(1)</u>	150,000	D	
Employee Stock Option	\$ 0.112	02/05/2015		D ⁽¹⁾			300,000	<u>(1)</u>	01/02/2025	Common Stock	300,000	<u>(II)</u>	0	D	
Employee Stock Option	\$ 0.103	02/05/2015		A ⁽¹⁾		300,000		<u>(1)</u>	01/02/2025	Common Stock	300,000	<u>(1)</u>	300,000	D	

Reporting Owners

Ban anting Own on Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fox Dale C/O ITUS CORPORATION 12100 WILSHIRE BOULEVARD, SUITE 1275 LOS ANGELES, CA 90025	Х						

Signatures

/s/ Dale Fox	02/05/2015
Signature of Reporting Person	Date

Explanation of Responses:

* 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).
- Each of the transactions reported in this Form 4 involved an amendment of outstanding stock options for the sole purpose of lowering the exercise price, resulting in the deemed cancellation of the "old" options and the grant of replacement options. All of the other terms of the options remain the same, including without limitation, the number of shares underlying the options, the vesting periods of the options, and the expiration dates of the options.

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.