FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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* Instruction 1(b).

STATEMENT OF CHANGES IN 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

| Name and Address of Reporting Person * | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
|--|-------------|--|--|---|--------------|--|---------------|--|---|--|---|--|-----------------------------------|---------------------|
| KUMAR AMIT | | | ITUS Corp [ITUS] | | | | | (Check all applicable)X_ Director10% Owner | | | | | | |
| (Last) (First) (Middle) C/O ITUS CORPORATION, 12100 WILSHIRE BOULEVARD, SUITE 1275 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2017 | | | | | Office | r (give title belo | ow) | Other (specify | below) | |
| (Street) LOS ANGELES, CA 90025 | | | | 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 | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqui | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Direct (D) | Beneficial Ownership | | |
| | | | | | Code | V | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | | 06/02/2017 | | P | | 500 | A | \$ 0.86 | 104,908 | | | D | |
| Common Stock | | 06/02/2017 | | P | | 1,422 | Δ | \$ 0.87 | 106,330 | | D | | | |
| Common Stock | | 06/02/2017 | | P | | 8,078 | A | \$ 0.88 | 114,408 | | D | | | |
| Reminder: | Report on a | separate line f | or each class of secu | rities beneficially of | owned dire | ctly o | r | | | | | | | |
| | | | | | | cont | ained ii | n this fo | rm ar | e not req | ection of ir juired to re d OMB cor | espond un | less | SEC 1474 (9- 02) |
| | | | | erivative Securiti 2.g., puts, calls, wa | | | | | | | i | | | |
| Security | Conversion | 3. Transactio Date (Month/Day/ | n 3A. Deemed Execution Da any | 4. | 5. Number of | r 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) (I | | 7. T Am Und Sec | Title and ount of derlying urities str. 3 and | Derivative Security (Instr. 5) | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owners Form o y Derivat Securit Direct (or India | Ownershi y: (Instr. 4) Pect | |
| | | | | Code V | (A) (D) | Date Exe | e rcisable | Expiration Date | n Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| Personal or Community Manage (Additional | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| KUMAR AMIT C/O ITUS CORPORATION 12100 WILSHIRE BOULEVARD, SUITE 1275 LOS ANGELES, CA 90025 | X | | | | | |

Signatures

| /s/ Dr. Amit Kumar | 06/05/2017 |
|---------------------------------|------------|
| **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).

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.