FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|------------------|

| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MALAGA MARC | | | | 2. Issuer Name and Ticker or Trading Symbol FlexShopper, Inc. [FPAY] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|---|------------|--------------------------|--|---|---------------------------------|---|---------------------------|---|-----------------|--|--|--------------------------------------|--|--|-----|
| (Last) (First) (Middle) C/O FLEXSHOPPER, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016 | | | | | | Officer (below) | give title | | Other (sp below) | pecify | |
| 2700 NORTH MILITARY TRAIL, STE. 200 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | ATON F | | 33431 | _ | | | | | | | Line) | Form fil | , | • | rting Person One Reporti | ing |
| (City) | (; | State) | (Zip) able I - Non-De | erivati | ive S | ocuritio | <u>.</u> . Δ c | auired Di | enosed o | f or Rev | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/) | | | e | | 2A. Deem Execution if any (Month/D | n Date, | Code (Inst | n Disposed | ties Acquire l Of (D) (Inst (A) or (D) | tr. 3, 4 and 5) | 4 and 5) Securities Form: Direct (D) or Indirect (D) or Indire | | Direct Ir Indirect B str. 4) C | . Nature of ndirect Beneficial bwnership Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | re s I (A) sed str. | Expiration Date of Se (Month/Day/Year) Unde Deriv | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(5) | | |
| Common Stock Purchase Option | \$0.57 | 03/01/2016 | | A | | 100,000 | | 03/01/2017 ⁽¹⁾ | 03/01/2026 | Common Stock | 100,000 | (2) | 1,364,560 |)(3) | D | |

Explanation of Responses:

- $1.\ Vests\ one-third\ on\ March\ 1,\ 2017,\ one-third\ on\ March\ 1,\ 2018\ and\ one-third\ on\ March\ 1,\ 2019$
- 3. Includes options to purchase 350,000 shares, warrants to purchase 666,668 shares and preferred stock convertible into 347,892 shares.

/s/ Marc Malaga

03/03/2016

** Signature of Reporting Person

Date

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

- * 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.

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 Number.