FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: Estimated average 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

| | nd Address o ames Do | f Reporting Person [*] uglas | | | | | | e and Tic oer, Inc | | | | mbol | | | (Che | elationship ck all applic Directo | rector 10% Owner | | | | |
|---|---|--|--|-----------------------|----------------------------------|-------|--|---|----------------|--|----------|-----------------|---|-------------|----------------------------|---|---|---|--|---|--|
| | ost) (First) (Middle) O FLEXSHOPPER, INC. 1 YAMATO RD, STE. 260 | | | | 02/ | /04/2 | 020 | est Trans | | ` | | | | below) | Officer (give title below) | | Other (s below) | | | | |
| (Street) | ATON F | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | <u> </u> | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | e Se | curit | ies Ac | quire | d, Di | isp | osed o | f, or B | ene | eficially | y Owned | | | | | |
| Date | | | | Date | ate lonth/Day/Year) | | | eemed tion Date h/Day/Yea | Cod | Transaction Dispose Code (Instr. 5) | | | ties Acqu d Of (D) (I | | | 5. Amou Securitie Benefici Owned F Reported | es For ally (D) following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | le V | | Amount | (A) (D) | or | Price | Transact (Instr. 3 | ion(s) | | | | |
| Common | Stock | | | 02/04/ | /202 | .0 | | | A | | | 31,00 | 0 A | 1 | \$0 ⁽¹⁾ | 131 | ,000 | D | | | |
| | | | Table II - D | Derivati (e.g., pເ | | | | | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, Tr | 4. Transaction Code (Instr | | of Deri Sec Acq (A) o Disp | umber vative urities uired or oosed D) (Instr. and 5) | Expira | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 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) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exerci | sable | Ex Da | piration ate | Title | O N O | lumber | | | | | | |
| Warrants (right to | \$1.25 | 02/04/2020 | | | D | | | 50,000 | 09/28/ | 2018 | 09 |)/28/2023 | Commo | n 5 | 50,000 | \$0 ⁽¹⁾ | 0 | | D | | |

Explanation of Responses:

1. Effective February 4, 2020, the Reporting Person exchanged his Warrants pursuant to the Issuer's Offer to Exchange dated January 6, 2020, at a rate of .62 shares of Common Stock for each Warrant tendered.

/s/ James Douglas Allen by 02/06/2020 Peter Lyons, as attorney-in-fact

** 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.