FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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 A	Address of Repor	2. Date of Event Requiring Stater (Month/Day/Yea 11/13/2014	nent	3. Issuer Name and Ticker or Trading Symbol FlexShopper, Inc. [ FPAY ]								
(Last) (First) (Middle) 2700 N. MILITARY TRAIL, SUITE 200					Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BOCA RATON	CA FL 33431				Officer (give title below)		Other (specify below)		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 - Nor	n-Derivati	ive S	ecurities Beneficial	y Owned					
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
						urities Beneficially options, convertible		es)				
Ex			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Derivative Security (Instr. 4)		4. Conve	ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	n Title	2	Amount or Number of Shares	Price Deriva Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Remarks:

/s/ T Scott King

11/26/2014

\*\* 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 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.

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.