SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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

Privet Fund Management LLC	2. Date of Event Requiring Statement (Month/Day/Year) 07/06/2016		3. Issuer Name and Ticker or Trading Symbol <u>FREQUENCY ELECTRONICS INC</u> [FEIM]					
(Last) (First) (Middle) 79 WEST PACES FERRY RD, SUITE 200B			. Relationship of Reporting Perso Check all applicable) Director X Officer (give title v	on(s) to Issue 10% Owne Other (spe	er	5. If Amendment, Da (Month/Day/Year) 6. Individual or Joint	ate of Original Filed /Group Filing (Check	
(Street) ATLANTA GA 30305			Officer (give title X below) X See Explanation of R	below)			y One Reporting Person y More than One erson	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)	Form: Direc	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Beneficial Ownership	
Common Stock	Common Stock		48,783	D ⁽¹⁾⁽²⁾)			
Common Stock			880,103	Ι	E	By Privet Fund LI	D (1)(3)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Convers or Exerc Price of	ise Form:	. (Instr. 5)	
		Expiration Date	Title	Amount or Number of Shares		Derivative or Indirect		
1. Name and Address of Reporting Person [*]	<u> </u>						ļ	
Privet Fund Management LLC								
(Last) (First) (Middle) 79 WEST PACES FERRY RD, SUITE 200B								
(Street) ATLANTA GA 30305								
(City) (State) (Zip)								
1. Name and Address of Reporting Person [*] <u>Privet Fund LP</u>								
(Last) (First) (Middle) 79 WEST PACES FERRY RD, SUITE 200B								
(Street) ATLANTA GA 30305								
(City) (State) (Zip)								
1. Name and Address of Reporting Person [*] Levenson Ryan								
(Last) (First) (Middle) 79 WEST PACES FERRY RD, SUITE 200B								
(Street) ATLANTA GA 30305								
(City) (State) (Zip)								

Explanation of Responses:

1. This report is filed jointly by Privet Fund LP, Privet Fund Management LLC and Ryan Levenson (collectively, the "Reporting Persons"). The Reporting Persons are filing this report because each of the Reporting Persons may be deemed to be a member of a Section 13(d) group disclosed in the Schedule 13D and any amendments thereto filed on behalf of the Reporting Persons and the other members of such group. As of July 6, 2016, the members of this Section 13(d) group collectively owned more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the shares of Common Stock held by the other members of such Section 13(d) group except to the extent of his or its pecuniary interest therein.

2. These shares are owned directly by Privet Fund Management LLC and indirectly by Ryan Levenson.

3. These shares are owned directly by Privet Fund LP and indirectly by Privet Fund Management LLC and Ryan Levenson.

Remarks:

<u>/s/ Ryan Levenson</u>	<u>07/11/2016</u>
<u>/s/ Ryan Levenson, Managing</u> <u>Member, on behalf of Privet</u> <u>Fund Management LLC</u>	<u>07/11/2016</u>
<u>/s/ Ryan Levenson, Managing</u> <u>Member, on behalf of Privet</u> <u>Fund Management LLC,</u> <u>General Partner, on behalf of</u> <u>Privet Fund LP</u>	<u>07/11/2016</u>

** 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.