Stalowir Val Form 4/A May 18, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

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response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of l Stalowir Val	Reporting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
		REED'S, INC. [REED]	(Check all applicable)			
(Last) (First)	(Middle)	3. Date of Earliest Transaction				
13000 S. SPRING S'	TREET	(Month/Day/Year) 03/29/2018	X Director 10% OwnerX Officer (give title Other (specify below) Chief Executive Officer			
(Street	t)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
LOS ANGELES,, CA	A 90061	Filed(Month/Day/Year) 04/05/2018	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)) (Zip)	Toble I Non Derivative Securities A	equired Disposed of or Rapaficially Owne			

,	City)	(State) (Table Table	e I - No	n-D	erivative Se	curitie	es Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Titl	e of	2. Transaction Date	2A. Deemed	3.		4. Securities	s Acqu	iired	5. Amount of	6.	7. Nature of
Secur	ity	(Month/Day/Year)	Execution Date, if	Transa	ctio	n(A) or Disp	osed o	f (D)	Securities	Ownership	Indirect
(Instr	. 3)		any	Code		(Instr. 3, 4 a	and 5)		Beneficially	Form: Direct	Beneficial
			(Month/Day/Year)	(Instr.	8)				Owned	(D) or	Ownership
									Following	Indirect (I)	(Instr. 4)
							(1)		Reported	(Instr. 4)	
							(A)		Transaction(s)		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)		
Com	mon k <u>(1)</u>	03/29/2018		A	V	412,735	A	<u>(1)</u>	0	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.		5. Number	of	6. Date Exerc	cisable and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctio	nDerivative		Expiration D	ate	Underlying S	Securities
Security	or Exercise		any	Code		Securities		(Month/Day/	Year)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8)	Acquired (A	A) or				
	Derivative					Disposed o	f (D)				
	Security					(Instr. 3, 4,	and				
						5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option Award	\$ 1.6	03/29/2018		A	V	412,736		(2)	03/29/2023	Common Stock	412,736

Reporting Owners

Reporting Owner Name / Address	Relationships								
1 0	Director	10% Owner	Officer	Other					
Stalowir Val 13000 S. SPRING STREET LOS ANGELES,, CA 90061	X		Chief Executive Officer						

Signatures

/s/ Valentin
Stalowir

**Signature of Reporting Person

O5/18/2018

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).
- (1) Restricted stock awards granted pursuant to Reed's 2017 Incentive Compensation Plan, subject to shareholder approval to increase the number of shares underlying Reed's 2017 Incentive Compensation Plan and NOT otherwise issuable until January 2019.
- (2) Stock Option Award granted pursuant to Reed's Inc. 2017 Incentive Compensation Plan, subject to shareholder approval to increase the number of shares underlying Reed's 2017 Incentive Compensation Plan and are NOT otherwise issuable until January 2019.

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.

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