FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number: 3235-							
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

1. Name and Address of Reporting Person*  SALEH PAUL N			2. Date of Event Requiring Statement (Month/Day/Year) 12/14/2016  3. Issuer Name and Ticker or Trading Symbol pdvWireless, Inc. [ PDVW ]								
(Last) (First) (Middle) 3 GARRET MOUNTAIN PLAZA					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 401						Officer (give title below)	Other (spe below)	·	6. Individual or Joint Applicable Line)	t/Group Filing (Check	
(Street) WOODLAND PARK	NJ	07424								y One Reporting Person y More than One 'erson	
(City)	(State)	(Zip)									
		Т	able I - Non	-Derivati	ive Se	ecurities Beneficiall	y Owned				
1. Title of Securi	ity (Instr. 4)	T	able I - Non	2.	. Amou	ecurities Beneficiall int of Securities ally Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)   (I	. Nature of Indirect nstr. 5)	Beneficial Ownership	
1. Title of Securi	ity (Instr. 4)		Table II - D	2. B	. Amou lenefici	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	et (D) (I (I)		Beneficial Ownership	
	ity (Instr. 4)	(e.ç	Table II - D	Derivative ls, warrantisable and	Secunts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially (	3. Ownersh Form: Direct or Indirect (Instr. 5) Owned Securities	et (D) (I (I)	nstr. 5)  5. ion Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>/s/ Paul Saleh</u> <u>12/15/2016</u>

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).