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 Address of Reporting Person* MCALLISTER SINGLETON B		LETON B	2. Date of Event Requiring Statement (Month/Day/Year) 08/07/2018 3. Issuer Name and Ticker or Trading Symbol pdvWireless, Inc. [PDVW]								
(Last) (First) (Middle) 3 GARRET MOUNTAIN PLAZA						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)	· 1	6. Individual or Join Applicable Line)	t/Group Filing (Check	
(Street)									X Form filed b	by One Reporting Person	
WOODLAND PARK	NJ	07424							Form filed b Reporting F	by More than One Person	
(City)	(State)	(Zip)									
		T	able I - Non	-Derivati	ive Se	ecurities Beneficiall	y Owned				
1. Title of Securi	ity (Instr. 4)	Т	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	l. Nature of Indirect Instr. 5)	t Beneficial Ownership	
1. Title of Securi	ity (Instr. 4)		Table II - D	2. B	. Amou lenefici	ınt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (I		t Beneficial Ownership	
Title of Securi Title of Deriva	. ,	(e.g	Table II - D	Derivative ls, warrantisable and	Secunts, o	int of Securities ially Owned (Instr. 4) urities Beneficially (3. Ownersh Form: Direct or Indirect (Instr. 5) Owned Securities	ct (D) (I	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Singleton McAllister 08/08/2018

** 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.

^{*} 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).