Howe Alan B Form 3

August 03, 2	017								
FORM 3 UNITED STATES SECURITIES						ION			
	Washington, D.C. 20549						OMB Number:	3235-0104	
	INITIAL STATEMENT OF BEN SECURIT							Expires:	January 31, 2005
								Estimated average burden hours per	
		ion 17(a) of	t to Section 16(a) of the the Public Utility Hold 0(h) of the Investment (ing Company	y Act of 193			response	
(Print or Type F	Responses)								
1. Name and Address of Reporting Person <u>*</u> Howe Alan B					uer Name and Ticker or Trading Symbol GICJACK VOCALTEC LTD [CALL]				
(Last)	(First)	(Middle)	04/19/2017	4. Relationsh Person(s) to I	ip of Reporting ssuer	3		mendment, D Month/Day/Yea	-
C/O MAGIO LTD., 560 SUITE 120					all applicable)				
	(Street)			X Director Officer (give title below	r 10% Othe w) (specify bel		Filing _X_ Fo	ividual or Joir (Check Applica orm filed by On	ble Line)
WEST PAL BEACH, H		9						rm filed by Mo ing Person	re than One
(City)	(State)	(Zip)	Table I - I	Non-Derivat	tive Securit	urities Beneficially Owned			
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	rship	Indirect Benef	ficial	
Ordinary sha	ares		0		D	Â			
Reminder: Repower owned directly	·		ach class of securities benefic	cially S	EC 1473 (7-02	2)			
	infor requi	mation cont ired to respo	pond to the collection of ained in this form are no ond unless the form disp MB control number.	t					
Т	fable II - De	erivative Secu	rities Beneficially Owned (e.g., puts, calls,	, warrants, op	tions, c	onvert	ible securities	5)
1. Title of Deri	vative Secur	rity 2. Da	ate Exercisable and 3. Title	e and Amount o	f 4.	5.		6. Nature	e of Indirect

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Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Direct (D) or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name /	Relationships					
		Director	10% Owner	Officer	Other	
Howe Alan B C/O MAGICJACK VOCAI 560 VILLAGE BLVD., SU WEST PALM BEACH, F	ÂX	Â	Â	Â		
Signatures						
/s/ Alan B. Howe	08/03/2017					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

* 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. 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.