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Crexendo, Ir	nc.																			
Form 4																				
March 29, 20	017																			
FORM	Δ								PPROVAL											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287											
Check th								Expires:	January 31,											
if no long subject to Section 1	5 <b>SIAI</b> 16.	F CHANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated a burden hou	rs per												
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange						response	0.5											
obligatio						•		-												
may cont	unue.		Public Utility Hol of the Investment	•	- ·			11												
See Instru	uction	50(II)	) of the myestilient	Compar	ly Act c	51 194	ŧŪ													
1(b).																				
(Print or Type I	Responses)																			
	. ,																			
	Address of Reporti	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer														
			Crexendo, Inc. [CXDO]																	
(Last)	(First)	(Middle)	3. Date of Earliest T	ransaction			(Chec	k all applicable	e)											
			(Month/Day/Year) 03/28/2017				X DirectorX 10% Owner X Officer (give title Other (specify below) Chief Executive Officer													
												(Street)		1 If Amondmont D	oto Origina	1				
														4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)		
		T fied (Wohn Day) Tea	rned(Monul/Day/Tear)				_X_ Form filed by One Reporting Person													
TEMPE, AZ	Z 85281						Form filed by N Person	Iore than One Re	eporting											
		( <b></b> : )					Person													
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Securitie	es Acq	uired, Disposed of	f, or Beneficial	ly Owned											
1.Title of	2. Transaction I	Date 2A. Dee					5. Amount of	6. Ownership	7. Nature of											
Security	(Month/Day/Ye						Securities	Form: Direct												
(Instr. 3)		any (Month)	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership											
		(Wolding	(insu: 0)	(msu. 5	, T und <i>5</i> )	,	Following	(Instr. 4)	(Instr. 4)											
					(A)		Reported													
					or		Transaction(s) (Instr. 3 and 4)													
			Code V	Amount	(D)	Price	(msu. 5 and 4)													
Common Stock	03/28/2017		Р	1	A 1	\$ 1.45	9,561,553	Ι	via trust											

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

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 control number.

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

## Edgar Filing: Crexendo, Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisabl onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount Underlyi Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
i o	Director	10% Owner	Officer	Other				
MIHAYLO STEVEN G 1615 SOUTH 52ND STREET TEMPE, AZ 85281	Х	Х	Chief Executive Officer					
Signatures								
/s/ Steven G. 03. Mihaylo	/29/2017							
<u>**</u> Signature of Reporting Person	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).

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.