

Support.com, Inc.
Form 3
February 16, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Koverman Chris		(Month/Day/Year)	Support.com, Inc. [SPRT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/09/2016		
900 CHESAPEAKE DRIVE, FLOOR 2			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
REDWOOD			(give title below)	(specify below)
CITY, CA 94063			VP, Engineering & Operations	
(City)	(State)	(Zip)		6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	8,235	D	

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Edgar Filing: Support.com, Inc. - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Non-qualified Stock Options	Â (1)	09/04/2024	Common Stock	60,000	\$ 2.44	D	Â
Non-qualified Stock Options	Â (2)	04/21/2025	Common Stock	23,467	\$ 1.7	D	Â
Restricted Stock Units	Â (3)	Â (5)	Common Stock	42,187	\$ 0	D	Â
Restricted Stock Units	Â (4)	Â (5)	Common Stock	22,000	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Koverman Chris 900 CHESAPEAKE DRIVE, FLOOR 2 REDWOOD CITY, CA 94063	Â	Â	Â VP, Engineering & Operations	Â

Signatures

/s/ Michelle Johnson, by power of attorney
02/16/2016

__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).
- (1) 1/4th of the shares subject to the grant shall vest on the first anniversary of the grant date, and 1/48th of the shares subject to the grant shall vest on each monthly anniversary thereafter over the next three years, through September 4, 2018.
- (2) 1/36th of the shares subject to the grant shall vest on each monthly anniversary of the grant date over three years, through April 21, 2018.
- (3) 1/4th of the shares subject to the grant shall vest on each anniversary of the grant date over four years, through September 4, 2018.
- (4) 1/3rd of the shares subject to the grant shall vest on each anniversary of the grant date over three years, through April 21, 2018.
- (5) Not applicable.

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.