

(Print or Type Responses)

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response | | | | |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

| 1. Name and Address of Reporting Person * Buffalino Louis R. | 2. Date of Event Requiring Statement (Month/Day/Y) 12/12/2019 | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|--------------|---------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|--|
| (Last) (First) (Middle) C/O BLINK CHARGING CO., 407 LINCOLN ROAD, SUITE 704 | | | | 4. Relationship of Issuer (Check X Director | Reporting Person all applicable) | Filed(Mon | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | |
| (Street) MIAMI BEACH, FL 33139 | | | | Officer (give title Other (specify | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | Owned | * | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| 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 | d Amount of Underlying Derivative | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | eate Exercisable E | Expiration Date | Title Amo | ount or Number of res | Security | (D) or Indirect (I) (Instr. 5) | | | | |

Reporting Owners

| | Relationships | | | | |
|------------------------------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Buffalino Louis R. C/O BLINK CHARGING CO. 407 LINCOLN ROAD, SUITE 704 MIAMI BEACH, FL 33139 | X | | | | |

Signatures

| /s/ Louis R. Buffalino | 12/20/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- 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.