

FORM 3

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

| OMB APPROVAL | |
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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

(Print or Type Responses)

| | | | |
|--|--|--|--|
| 1. Name and Address of Reporting Person * Kraft Michael Anthony (Last) (First) (Middle) C/O 3DICON CORPORATION, 6804 SOUTH CANTON AVENUE, SUITE 150 (Street) TULSA, OK 74136 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 03/21/2017 | 3. Issuer Name and Ticker or Trading Symbol 3DICON CORP [TDCP] | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chief Executive Officer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| | | 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, par value \$.0001 | 0 (1) | D | |

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

SEC 1473 (7-02)

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| | 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. | |
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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) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|-----------------|--|----------------------------|--|--|--|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
| Options to Purchase Common Stock | 03/21/2017 | 03/20/2028 | Common | 0 (2) | \$ (2) | D | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|-------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Kraft Michael Anthony C/O 3DICON CORPORATION 6804 SOUTH CANTON AVENUE, SUITE 150 TULSA, OK 74136 | | | Chief Executive Officer | |

Signatures

| | | |
|--|--|--|
| | | |
|--|--|--|

/s/ Michael A. Kraft

03/27/2017

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) In connection with the Issuer's appointment of the Reporting Person as its CEO, the Issuer agreed to issue a \$25,000 bonus in the Issuer's restricted stock upon the occurrence of certain events.

In connection with the Issuer's appointment of the Reporting Person as its CEO, the Issuer agreed, upon the occurrence of certain (2) events, to issue an option to purchase up to \$50,000 of the Issuer's common stock at an exercise price equal to the market price as of the date the Issuer meets certain milestones.

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.