FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number:	3235-0104						
Estimated average burden							
hours per response:	0.5						

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

Neumann Spencer Adam			Date of Event equiring Statem Month/Day/Year 5/30/2017	nent		r Name <b>and</b> Ticker or Tra <u>ision Blizzard, In</u>						
	(First) SION BLIZZA	, , , , , , , , , , , , , , , , , , ,			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner  Officer (click title and other (considered))			er	5. If Amendment, Date of Original Filed (Month/Day/Year)			
3100 OCEAN PARK BLVD.  (Street) SANTA MONICA CA 90405					X	Officer (give title below)  Chief Financial	Other (spe below) Officer	еспу	Appli	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)										
		T:	able I - Non	-Derivativ	ve Se	curities Beneficial	ly Owned					
1. Title of Secui	rity (Instr. 4)	Т	able I - Non	2.	Amoun	curities Beneficial nt of Securities ally Owned (Instr. 4)	3. Owners Form: Dire or Indirect (Instr. 5)	hip ect (D)	4. Natı (Instr.		Beneficial Ownership	
1. Title of Secu	rity (Instr. 4)		Table II - D	2. Be	Amoun eneficia Secu	nt of Securities	3. Ownersl Form: Dire or Indirect (Instr. 5)	hip ect (D) (I)			Beneficial Ownership	
	rity (Instr. 4)	(e.g	Table II - D	erivative S, warrar	Amoun eneficia Secu nts, op	nt of Securities ally Owned (Instr. 4) urities Beneficially	3. Owners Form: Dire or Indirect (Instr. 5) Owned securitie	hip ect (D) (I)	sion		Beneficial Ownership  6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Spencer Neumann 06/08/2017

\*\* Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).