SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and Address of Reporting Person*           Rubin Steven D			Date of Event equiring Staten Month/Day/Year 3/26/2018	nent	3. Issuer Name and Ticker or Trading Symbol <u>Red Violet, Inc.</u> [ RDVT ]					
(Last) (First) (Middle) C/O RED VIOLET, INC.					4. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Ow			(Month/Day/Year)		
2650 N. MILITARY TRAIL, SUITE 300						Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)	
(Street) BOCA RATON	FL	33431								by One Reporting Person by More than One 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)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						48,138 <sup>(1)</sup>	D			
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)		d 3. Title and Amount of Secur Underlying Derivative Securi				rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratio Date	n Title	9	Amount or Number of Shares	Derivativ Security		

Explanation of Responses:

1. Represents shares received in a pro rata distribution of the outstanding shares of Red Violet, Inc. to the stockholders of Cogint, Inc.

**Remarks:** 

/s/ Steven D. Rubin

03/30/2018

Date

\*\* Signature of Reporting Person

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

\* 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.

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.