FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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

1. Name and Address of Reporting Person* Reilly James Patrick (Month/Day/Year) 03/26/2018				nent	3. Issuer Name and Ticker or Trading Symbol Red Violet, Inc. [RDVT]							
	C/O RED VIOLET, INC.				Relationship of Reporting Perso (Check all applicable) Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
2650 N. MILITARY TRAIL, SUITE 300 (Street) BOCA RATON FL 33431					X	X Officer (give title below) President	Other (specify below)		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)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						78,438(1)		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 at Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convor Ex		4. Convers or Exerc Price of	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Titl	e		Amount or Number of Shares	Derivativ Security		or Indirect (I) (Instr. 5)	

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/ James Reilly 03/30/2018

** Signature of Reporting Person Date

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

- * 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.