# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN 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 Ty   | pe Response   | s)  |                                      |   |   |                    |          |   |               |                                  |  |  |   |  |  |  |                     |
|--|---|---|--------------------------------------|---|---|--------------------|----------|---|---------------|----------------------------------|--|--|---|--|--|--|---------------------|
| Name and Address of Reporting Person*  Nahass Michael  |   |   |                                      |   | 2. Issuer Name and Ticker or Trading Symbol Terra Tech Corp. [TRTC] |                    |          |   |               |                                  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  |   |  |  |  |                     |
| (Last) (First) (Middle)<br>2040 MAIN STREET, SUITE 225 |   |   |                                      |   | 3. Date of Earliest Transaction (Month/Day/Year) 06/30-06:00/2017   |                    |          |   |               |                                  | X Officer (give title below) Other (specify below)  Secretary and Treasurer  |  |   |  |  |  |                     |
| (Street)   |   |   |                                      | 4. If   | 4. If Amendment, Date Original Filed(Month/Day/Year)                |                    |          |   |               |                                  | _X_ Form   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |  |  |                     |
| IRVINE,  | , CA 9261   | 1   |                                      |   |   |                    |          |   |               |                                  |  |  |   | inea by whore that                         | ir One Reporting   | 1 013011   |                     |
| (City  | ·)  | (State)                                   | (Zip)                                |   |   | Ta                 | able I - | Non                                       | -De           | rivative S                       | Securitie  | es Acqu  | uired, Dis                                      | sposed of, or                              | Beneficially   | Owned  |                     |
| 1.Title of Security<br>(Instr. 3)                      |   | 2. Transaction<br>Date<br>(Month/Day/Year | Execu<br>any                         | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |   | Code<br>(Instr. 8) |          | or Disposed of (D)<br>(Instr. 3, 4 and 5) |               |                                  | Beneficially Own<br>Reported Transac   |  | Following                                       | Ownership of B                             | Beneficial   |  |                     |
|  |   |   | (Mont                                |   |   | Code               |          | V   | Amount        | (A)<br>or<br>(D)                 | Price  |  | or:<br>(I)                                      |  | or Indirect  | Ownership<br>(Instr. 4)  |                     |
| Common   | Stock   |   | 06/30-<br>06:00/2017                 |   |   |                    | A        |   |               | 244,133                          |  | \$<br>0.231  | .3 1,304  | 1,133                                      |  | D  |                     |
| Reminder:  | Report on a s   | separate line                             | for each class of se                 | I - Deriv   | vative Sec  | curit              | ies Acc  | quire                                     | Person<br>the | sons whatained in<br>form dis    | no responding this formal section that the section that t | orm an<br>a curre<br>eneficia  | re not re<br>ently val<br>ally Owne             | ection of in<br>quired to re<br>id OMB con | spond unle   | ss   | 1474 (9-02)         |
| Security   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |   | ion 3A. Deem Execution any (Month/D. | ed<br>Date, if  | 4.<br>Transact<br>Code  | tion               | 5.       | er ative ties red sed 3,                  | 6. I and (Mo  | Date Exer<br>I Expirationth/Day/ | cisable<br>on Date   | 7. 7<br>An<br>Un<br>Sec<br>(In<br>4)   | Title and nount of derlying curities str. 3 and | Derivative Security (Instr. 5)             | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersl<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | Ownershi (Instr. 4) |

#### **Reporting Owners**

| D 41 0 N /  | Relationships |              |                         |       |  |  |  |  |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address                                      | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |  |
| Nahass Michael<br>2040 MAIN STREET<br>SUITE 225<br>IRVINE, CA 92614 | X             |              | Secretary and Treasurer |       |  |  |  |  |

## **Signatures**

| /s/ Michael Nahass              | 06/30-06:00/2017 |
|---------------------------------|------------------|
| **Signature of Reporting Person | Date             |

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(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.