

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

OMB APPROVAL						
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nours per response 0.5						

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 Respon	nses)											
Name and Address of Reporting Person * Gladstone Alan David		2. Date of Event Requiring Statement (Month/Day/Year) 11/15-07:00/2017			3. Issuer Name and Ticker or Trading Symbol Terra Tech Corp. [TRTC]							
P.O BOX 9699	(First)	(Middle)	— 11/13-0/:00/2017 —			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director Officer (give title below) below) Check all applicable)				5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person		
NEW PORT DE	(Street)	50										
NEWPORT BEACH, CA 92658					below)		ociow)		Form filed by More than One Reporting Person			
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned								ned			
1.Title of Security (Instr. 4) Reminder: Report on	Persons unless th	who respond ne form displ	d to the days a cu	Bene (Instruction of collection of irrently valid	owned directly information OMB contro	or indirectly. contained in toll number.		m are not	required to	resp		
1. Title of Derivative Security (Instr. 4)		2. Da Expi	2. Date Exercisable and Expiration Date Month/Day/Year)		Owned (e.g., puts, calls, warran 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. C or E Pric Deri	Conversion Exercise	5. Ownersh Form of Derivative Security: Direct (D)	ship 6 E	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exer	cisable	Expiration Date	Title	Amount or Number of Sha		urity	Indirect (I) (Instr. 5)	01		
Stock Options		11/1 07:0		11/14- 07:00/2022	Common Stock	437,500	\$ 0.	.2	D			

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gladstone Alan David P.O BOX 9699 NEWPORT BEACH, CA 92658	X					

Signatures

/s/ Alan Gladstone	11/30-07:00/2017
**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).

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.