FORM	4
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1	Check this box if no
	longer subject to
	Section 16. Form 4 or
	Form 5 obligations may
	continue. See
	$\mathbf{I}_{11} = \mathbf{I}_{11} = \mathbf{I}$

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

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

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 Instruction 1(b).

(Print or Type Responses)												
1. Name and Address of Reporting Person [*] JAMES MICHAEL C			2. Issuer Name and Ferra Tech Corp.		ading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner				
2040 MAIN STREE	^(First) Γ, SUITE 225		3. Date of Earliest Transaction (Month/Day/Year) 07/30-06:00/2018					X_Officer (give title below)Other (specify below) Chief Financial Officer				
(Street) IRVINE, CA 92614			4. If Amendment, Date Original Filed(Month/Day/Year)						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)												
(eng)	(billit)	(24)	Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned	l			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		3. Transacti Code (Instr. 8)	-	4. Securit (A) or Di (Instr. 3,	isposed of	f (D)	Transaction(s)		Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	×	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

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

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	of	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ansaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					or Dispose	d of							Security:	(Instr. 4)
	Security					(D)								Direct (D)	
						(Instr. 3, 4	,						1	or Indirect	
						and 5)							Transaction(s)	< / <	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	Title	or				
								Exercisable	Date	The	Number				
				Code	V	(A)	(D)				of Shares				
Nonqualified	\$ 2.02	07/30-		А		190,000		<u>(1)</u>	07/29-	Common	190.000	\$ 0	483,333	D	
Stock Option	\$ 2.02	06:00/2018		A		190,000			06:00/2028	Stock	190,000	φŪ	405,555	D	

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
JAMES MICHAEL C 2040 MAIN STREET SUITE 225 IRVINE, CA 92614			Chief Financial Officer						

Signatures

/s/ Michael C. James	07/31-06:00/2018
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).
- (1) The nonqualified stock option vests in twelve equal quarterly installments, with the first quarterly installment vesting on July 31, 2018.

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.