FORM 4

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

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

OMB APPROVAL

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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

Incentive Stock Option Reporting	\$ 2.97	10/30/2014 wners		A		200,00	00	(1)	10/2	23/2024	Stock	200,000	(1)	200,000	D	
Stock	\$ 2.97	10/30/2014		A		200,00	00	(1)	10/2	23/2024		200,000	<u>(1)</u>	200,000	D	
Imagentizza											Commor					
				Code	V	(A)	(D)	Date Exercisal		ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Security or (Instr. 3) Pr	onversion		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code Secu (Instr. 8) Acqu or Di (D) (Instr.		Securiti Acquire or Dispe	ive es ed (A) osed of	Expiratio (Month/I	on Date		7. Title and of Underly Securities (Instr. 3 an	ing Derivativ Security		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s		Beneficia Ownersh (Instr. 4)
Reminder: Rep	port on a se	eparate line for each		- Deriv	ative	Securiti	es Acq	Perso in this a curr	ns who form a ently v	are not re alid OME	equired to B control n ficially Own	respond u umber.		on contained form display		474 (9-02)
				(Month/Day/Y		ay/Year)	Coo	le V	Amoun	mount (A) or (D) Price		(Instr. 3 and 4)		or (I)	Indirect (I	Ownership (Instr. 4)
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Date, if		nsaction 8)	(A) or Disposed of (f (D) Owned Followin Transaction(s)		ecurities Beneficially ng Reported		6. Ownership Form:	Beneficial		
(City)		(State)	(Zip)				Table	I - Non-De	rivative	Securitie	es Acquired	, Disposed o	of, or Benef	icially Owned		
(Street) PALO ALTO, CA 94303				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
		OBAL HOLDIN YSHORE ROA		10/30	/201	4		on (Month		,		Officer (give	Chief F	inancial Office		
1. Name and Address of Reporting Person * FREDERICK WILLIAM W				2. Issuer Name and Ticker or Trading Symbol Sysorex Global Holdings Corp. [SYRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					

		Relationships					
Reporting Owner Name / Address	Directo	r 10% Owner	Officer	Other			
FREDERICK WILLIAM W C/O SYSOREX GLOBAL HOLDINGS C 2479 E. BAYSHORE ROAD, SUITE 195 PALO ALTO, CA 94303			Chief Financial Officer				

Signatures

/s/ William W. Frederick	10/31/2014			
**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).
- The reporting person is a participant in the Company's Amended and Restated 2011 Employee Stock Incentive Plan, as amended from time to time. Represents an Incentive Stock Option to (1) purchase shares of the Company's common stock, which vests over a four-year period beginning on the six month anniversary of October 1, 2014 in increments of 1/48th per month pursuant to an Incentive Stock Option Agreement dated October 30, 2014.

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.