## FORM 4

(Print or Type Pecnonces)

# 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

Name and Address of Reporting Person*  CRAIL FRANKLIN E				2. Issuer Name and Ticker or Trading Symbol Rocky Mountain Chocolate Factory, Inc. [RMCF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director _X_ Officer (give title below) Other (specify below)  President / Chairman BOD				
265 TUR	) NER DRI	(First) VE	(Middle)	3. Date of Earliest 07/17/2015	Transac	tion (N	Ionth/Day	//Year)			Tiesiu	ent / Chairii	an BOD	
(Street)				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						
DURAN (City	GO, CO 8	(State)	(Zip)	_										
(en)	,	(State)	(2.4)	Ta	able I - N	on-De	rivative S	Securitie	s Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership	Beneficial	
				Code	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	1		07/17/2015	07/17/2015	D	·	30,000	) D	\$ 12.61	500,803	500,803		D	
Common									88,750		I	by 401k (plan)		
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially ov	wned dir	ectly or	indirectl	y						
						con	tained i	n this fo	orm are	not requ		formation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securit (e.g., puts, calls, wa		-	-			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Year) Execution Da	4. Transaction Code Year) (Instr. 8)	Number a		Date Exercisable ad Expiration Date Month/Day/Year)		7. Ta	itle and ount of erlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners. Form of Derivati Security Direct ( or Indire	Beneficia Ownersh (Instr. 4)
				Code V	(A) (I		-	Expiration Date	On Title	Amount or Number of Shares				

### **Reporting Owners**

D (1 0 N /	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
CRAIL FRANKLIN E 265 TURNER DRIVE DURANGO, CO 81303	X	X	President / Chairman BOD				

#### **Signatures**

/s/ Franklin E. Crail	07/20/2015
**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.