## 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

	pe Response															1
Name and Address of Reporting Person * Coupe Donna L.				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)  10% Owner X Officer (give title below) Other (specify below)  VP Franchise Support						
(Last) (First) (Middle) 265 TURNER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 07/20/2016							VP	Franchise S	іррогі			
(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)				3.7			~ •.•					0 1	
		(3.33.3)	T									· ·		Beneficially	1	
(Instr. 3) Date		*****	Execution I any		(Instr. 8)		(A) or Disposed o		of (D)	D) Beneficially Owned Follow Reported Transaction(s)		ollowing	Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Year)		ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common		07/20/2016				S		3,000		\$ 10.1	14,615		D			
Common											2,498		I	by 401k (plan)		
Reminder:	Report on a s	separate line fo	r each class of secur	ities benefici	ally o	wned (	directl	v or i	indirectl	v						
					<i>y</i> -		I	Pers cont	ons wh	no respoi n this for	rm ar	e not requ		ormation spond unle trol numbe	ess	1474 (9-02)
				Derivative S e.g., puts, ca												
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Da (Year) any	Sec Acc (A) Dis of (Ins		5. Numl	poer rative rities ired rosed ) . 3,	and Expiration Date (Month/Day/Year)  S (		7. T Am Und Sec	ount of derlying surities str. 3 and Derivative (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	V	(A)		Date Exer		Expiration Date	n Titl	Amount or Number of Shares				

### **Reporting Owners**

D (1 0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Coupe Donna L. 265 TURNER DRIVE DURANGO, CO 81303			VP Franchise Support					

#### **Signatures**

/s/ Donna L. Coupe	07/20/2016
**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.