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

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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

1 Name and Add															
1. Name and Address of Reporting Person*  JOBSON WILLIAM KEY				Rocl	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)  Director X Officer (give title below)  Chief Information Officer				
(Last) (First) (Middle) 265 TURNER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/03/2016							Chief	Information	Officer	
DURANGO, CO 81303				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(State)	(Zip)	Table I - No				rivative S	Securitie	es Acqui	aired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu any	eemed ition Date, i	(Instr. 8)		4. Securities Acquir (A) or Disposed of ( (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities fally Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Mont	(Month/Day/Year)		V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)				Ownership (Instr. 4)
Common			08/03/2016			S		1,000	D	\$ 10.22	25,128			D	
					<u> </u>	owned dir	Per	sons wh	no respo			ction of inf			1474 (9-02)
			Table II -	Deriva	ative Securi	ties Acqı	Per con the	sons whatained in form dis	no respo n this fo splays a of, or Be	orm are a curre eneficial	not requently valid	uired to res	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3) Price Derivative Security	version I kercise ( e of vative	3. Transaction Date Month/Day/Y	3A. Deemed Execution D	Deriva (e.g., po	utive Securi uts, calls, v 4. Transaction Code	ties Acqu varrants,	Per con the ired, I option 6. I and (Merces id	sons whatained in form dis	no respondent this for splays a cof, or Be retible second coisable on Date	eneficial urities) 7. To Amo	not requently valid	OMB con 8. Price of	spond unle	of 10. Owners Form o Derivat Security Direct ( or Indir	hip of Indire f Beneficia Ownersh (Instr. 4)

## Kepor ung Owners

P. (1. O. N. /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
JOBSON WILLIAM KEY 265 TURNER DRIVE DURANGO, CO 81303			Chief Information Officer				

# **Signatures**

/s/ William Key Jobson	08/03/2016
**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.