

(Print or Type Responses)

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

| OMB APPROVAL             |           |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| nours per respons        | se 0.5    |  |  |  |  |

#### INITIAL STATEMENT OF 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 Address of Reporting Person * HEINEN NANCY R   |                   | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>12/20/2019 |  | 3. Issuer Name and Ticker or Trading Symbol Verb Technology Company, Inc. [VERB] |  |  |  |   |   |   |  |
| (Last)<br>2210 NEWPORT   | (First)<br>BLVD,, | (Middle) SUITE 200   | - 12/20/2019   |  |  |  | 4. Relationship of Issuer                                |   | \ /   | 5. If Amendment, Date Original Filed(Month/Day/Year)        |  |
| NEWDODT DE A   | (Street)          | 02662  |  |  | (Check _X_ Director Officer (give titl below)              | all applicable) e 10% Owne below)  other (spec | applicable _X_Form                                       | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |   |   |  |
| NEWPORT BEA  | сн, са            | 92003  |  |  |  |  |  |   | Form 1  | Form filed by More than One Reporting Person                |  |
| (City)   | (State)           | (Zip)  | Table I - Non-Derivative Securities Beneficially Owned         |  |  |  |  |   |   |   |  |
| 1.Title of Security<br>(Instr. 4)  |                   |  |  | 2. Amount of Sec<br>Beneficially Own<br>(Instr. 4)                               |  | ned  | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>Instr. 5)   |   |   |  |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                   |  |  |  |  |  |  |   |   |   |  |
| 1. Title of Derivative (Instr. 4)  | Security          | an   | 2. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |  | 3. Title and A<br>Securities Und<br>Security<br>(Instr. 4) |  | amount of<br>derlying Derivativ                          | 4. Conversion or Exercise Price of Derivative   | 5. Ownership<br>Form of<br>Derivative<br>Security: Direct | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |  |
|  |                   | Da<br>Ex   | ate<br>ercisable   | Expiration<br>Date   | Title  | Amoun<br>Shares                                | at or Number of  | Security  | (D) or Indirect<br>(I)<br>(Instr. 5)                      |   |  |
|  |                   |  |  |  |  |  |  |   |   |   |  |

## **Reporting Owners**

|  | Relationships |              |         |       |  |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |
| HEINEN NANCY R<br>2210 NEWPORT BLVD,<br>SUITE 200<br>NEWPORT BEACH, CA 92663 | X             |              |         |       |  |

#### **Signatures**

| /s/ Nancy R. Heinen             | 12/23/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.