Fresh Healthy Vending International, Inc. Form 4 August 18, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this if no long	or.	Expires:	January 31, 2005									
subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated a burden hou response	verage		
obligation may conti	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person * 2. Issuer BUDMAN ARTHUR SCOTT Symbol Fresh He Inc. [VE				Name and		-		5. Relationship of Reporting Person(s) to Issuer				
					nding Inte	ernati	ional,	(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Date)			f Earliest Transaction Day/Year)				X Director 10% Owner X Officer (give title Other (specify below) below)					
3481 CORTE SUNRISA 08/15/			08/15/20)15				CEO & CFO				
				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
CARLSBAD	-				Form filed by More than One Reporting Person							
(City)	(State) (State)	Zip)	Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti m(A) or Dis (D) (Instr. 3, 4	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/15/2015			Code V J	Amount 20,833	(D) A	Price (<u>1)</u>	` ´	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e			le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
BUDMAN ARTHUR S 3481 CORTE SUNRIS CARLSBAD, CA 9200	A	Х		CEO & CFO					
Signatures									
/s/ Arthur Budman	08	/18/2015							
**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).
- On October 1, 2014 Mr. Budman reported on Form 3 beneficial ownership of 250,000 shares of common stock, granted in connection with his employment by the Company. The shares vest ratably over the initial term of Mr. Budman's employment agreement, as described in, and attached to, the Company's Form 8-K filed September 30, 2014. This transaction represents vesting of the eleventh 1/12 ratable portion of the total grant of 250,000 shares of common stock.

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.