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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

Estimated average burden

hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)

[0001538217](#)

Name of Issuer

[SOCIAL REALITY, Inc.](#)

Jurisdiction of Incorporation/Organization

[DELAWARE](#)

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Previous
Names

None

[SOCIAL REALITY](#)

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other (Specify)

2. Principal Place of Business and Contact Information

Name of Issuer

[SOCIAL REALITY, Inc.](#)

Street Address 1

[456 SEATON STREET](#)

Street Address 2

City

[LOS ANGELES](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[90013](#)

Phone Number of Issuer

[\(323\) 694-9800](#)

3. Related Persons

Last Name

[MIGLINO](#)

First Name

[CHRISTOPHER](#)

Middle Name

Street Address 1

[456 SEATON STREET](#)

Street Address 2

City

[LOS ANGELES](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[90013](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

[DERUGGIERO](#)

First Name

[ERIN](#)

Middle Name

Street Address 1

[456 SEATON STREET](#)

Street Address 2

City

[LOS ANGELES](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[90013](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

First Name

Middle Name

NELSON

Street Address 1

456 SEATON STREET

City

LOS ANGELES

KRISTOFFER

Street Address 2

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

SAVAS

Street Address 1

456 SEATON STREET

City

LOS ANGELES

First Name

MARC

Street Address 2

State/Province/Country

CALIFORNIA

Middle Name

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

CASSELLE

Street Address 1

456 SEATON STREET

City

LOS ANGELES

First Name

MALCOLM

Street Address 2

State/Province/Country

CALIFORNIA

Middle Name

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

STEEL

First Name

RICHARD

Middle Name

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

SUMICHRAST

First Name

MARTIN

Middle Name

A.

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

DILLMAN

First Name

RODNEY

Middle Name

J.

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

PACKER

First Name

ANTHONY

Middle Name

WILLIAM

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

THUMATI

First Name

RAHUL

Middle Name

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

HOLSINGER

First Name

CHAD

Middle Name

Street Address 1

456 SEATON STREET

Street Address 2

City

LOS ANGELES

State/Province/Country

CALIFORNIA

ZIP/PostalCode

90013

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture

Banking & Financial Services

Commercial Banking

Insurance

Investing

Investment Banking

Pooled Investment Fund

Is the issuer registered as
an investment company under
the Investment Company
Act of 1940?

Yes

No

Other Banking & Financial Services

Business Services

Energy

Coal Mining

Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas

Health Care

Biotechnology

Health Insurance

Hospitals & Physicians

Pharmaceuticals

Other Health Care

Manufacturing

Real Estate

Commercial

Construction

REITS & Finance

Residential

Other Real Estate

Retailing

Restaurants

Technology

Computers

Telecommunications

Other Technology

Travel

Airlines & Airports

Lodging & Conventions

Tourism & Travel Services

Other Travel

Other

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
<input type="checkbox"/> No Revenues		<input type="checkbox"/> No Aggregate Net Asset Value
<input type="checkbox"/> \$1 - \$1,000,000		<input type="checkbox"/> \$1 - \$5,000,000
<input type="checkbox"/> \$1,000,001 - \$5,000,000		<input type="checkbox"/> \$5,000,001 - \$25,000,000
<input type="checkbox"/> \$5,000,001 - \$25,000,000		<input type="checkbox"/> \$25,000,001 - \$50,000,000
<input type="checkbox"/> \$25,000,001 - \$100,000,000		<input type="checkbox"/> \$50,000,001 - \$100,000,000
<input type="checkbox"/> Over \$100,000,000		<input type="checkbox"/> Over \$100,000,000
<input checked="" type="checkbox"/> Decline to Disclose		<input type="checkbox"/> Decline to Disclose
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/> Investment Company Act Section 3(c)	
<input type="checkbox"/> Rule 504 (b)(1)(i)	<input type="checkbox"/> Section 3(c)(1)	<input type="checkbox"/> Section 3(c)(9)
<input type="checkbox"/> Rule 504 (b)(1)(ii)	<input type="checkbox"/> Section 3(c)(2)	<input type="checkbox"/> Section 3(c)(10)
<input type="checkbox"/> Rule 504 (b)(1)(iii)	<input type="checkbox"/> Section 3(c)(3)	<input type="checkbox"/> Section 3(c)(11)
<input type="checkbox"/> Rule 505	<input type="checkbox"/> Section 3(c)(4)	<input type="checkbox"/> Section 3(c)(12)
<input checked="" type="checkbox"/> Rule 506(b)	<input type="checkbox"/> Section 3(c)(5)	<input type="checkbox"/> Section 3(c)(13)
<input type="checkbox"/> Rule 506(c)	<input type="checkbox"/> Section 3(c)(6)	<input type="checkbox"/> Section 3(c)(14)
<input type="checkbox"/> Securities Act Section 4(a)(5)		

7. Type of Filing

New Notice Date of First Sale First Sale Yet to Occur

Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

Equity

Debt

Option, Warrant or Other Right to Acquire Another Security

Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security

Pooled Investment Fund Interests

Tenant-in-Common Securities

Mineral Property Securities

Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$50,000 USD

12. Sales Compensation

Recipient

T.R. Winston & Company LLC

(Associated) Broker or Dealer None

None

Street Address 1

2049 CENTURY PARK EAST

City

LOS ANGELES

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States All States

- CALIFORNIA
- FLORIDA
- ILLINOIS
- NEVADA
- NORTH CAROLINA
- SOUTH CAROLINA
- UTAH

Recipient CRD Number None

10571

(Associated) Broker or Dealer CRD Number None

None

Street Address 2

SUITE 320

State/Province/Country

CALIFORNIA

ZIP/Postal Code

90067

Foreign/non-US

Recipient

NOBLE FINANCIAL CAPITAL MARKETS

(Associated) Broker or Dealer None

None

Street Address 1

951 YAMATO ROAD

City

BOCA RATON

Recipient CRD Number None

15768

(Associated) Broker or Dealer CRD Number None

None

Street Address 2

SUITE 210

State/Province/Country

FLORIDA

ZIP/Postal Code

33431

State(s) of Solicitation (select all that apply) All States Foreign/non-US
Check "All States" or check individual States

CALIFORNIA
COLORADO
CONNECTICUT
FLORIDA
ILLINOIS
MASSACHUSETTS
NEW JERSEY
NEW YORK
TEXAS

13. Offering and Sales Amounts

Total Offering Amount \$5,000,000 USD or Indefinite

Total Amount Sold \$0 USD

Total Remaining to be Sold \$5,000,000 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known,

provide an estimate and check the box next to the amount.

Sales Commissions \$400,000 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Broker-dealers shall receive 8% commission of gross proceeds from sale of the securities and three-year warrants to purchase 8% of Class A common stock included in the securities sold with an exercise price of \$7.50 per share.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and

further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
SOCIAL REALITY, Inc.	/s/ Christopher Miglino	Christopher Miglino	Chief Executive Officer	2016-09-27

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 number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.