# FORM 4

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

OMB APPROVAL						
OMB	3235-					
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Ty	ype Respon	ses)												=-		
	nd Address CHMAN I	Symbol	2. Issuer Name and Ticker or Trading Symbol Digital Turbine, Inc. [APPS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner									
(Last) (First) (Middle) 1300 GUADALUPE STREET, SUITE 302			ITE (Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015					Officer (give title Other (specify below)							
(Street) AUSTIN, TX 78701				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)	(S	(Zip)	Table I -	Non-De	rivat	tive Secur	ities .	Acqui	ired, Disposed							
1.Title of S (Instr. 3)	•	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8	3)	4. Securi Acquired Disposed (Instr. 3,	d (A) d of (I 4 and (A) or	D) d 5)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4)	ported	Form: Direct	ship of Be Overect (Ir	Nature Indirect eneficial wnership nstr. 4)			
Common	Stock	02/10/2015		A <sup>(1)</sup>		12,800		\$0	216,879 (2)		D					
Reminder: directly or			erivative Securitie	s Acqui	Pe inf re- cu	ersons w formatio quired to rrently v	n cor res alid	ntaine pond OMB or Ben	•	n are n orm dis ber.	ot		EC 1474 (9-02)			
1 777.4 . 6	12		g., puts, calls, wa		ptio	<u> </u>				7 77:4		0 D :	clo N	1 6	10	11 27 .
Security	2. Conversio or Exercise Price of Derivative Security	e (Month/Day/Year	3A. Deemed Execution Date, r) any (Month/Day/Yea	Code		5. Number of Derival Securit Acquir (A) or Dispos of (D) (Instr. 4, and 1	er a (I	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amou Under Securi (Instr. 4)	nt of lying		5) Ben Own Foll Rep Trar	rivative curities neficially vned llowing ported unsaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
							E	Date	Expiration	c	Amount or Number					

Exercisable Date

## **Reporting Owners**

Donoutino Orano None / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DEUTSCHMAN ROBERT M							
1300 GUADALUPE STREET	x						
SUITE 302	Λ						
AUSTIN, TX 78701							

### **Signatures**

/s/ Robert M. Deutschman	03/09/2015
**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).

Grant of shares of restricted common stock (the "Shares") pursuant to Issuer's Amended and Restated 2011 Equity Incentive Plan. Such

- (1) Shares were issued as part of Reporting Person's annual compensation for service as a director of Issuer. The Shares vest 50% on February 10, 2015, and 25% on each of May 1, 2015 and August 1, 2015.
- Beneficial ownership: 146,879 shares are held by Reporting Person and 70,000 shares are held by the Robert & Ellen Deutschman Family
- (2) Trust (the "Trust") of which the Reporting Person is a trustee. Reporting Person disclaims beneficial ownership of shares held by the Trust except to the extent of his pecuniary interest therein.

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.