# FORM 4

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

OMB APPRO\	/AL
OMB Number:	3235-028
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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

(Print or Type Responses)  1. Name and Address of Reporting Person *- WACHTEL BONNIE K  (Last) (First) (Middle)  1101 FOURTEENTH STREET NW, SUITE 800  (Street)			2. Issuer Name and Ticker or Trading Symbol				5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
			INFORMATION ANALYSIS INC [IAIC]									_x_		
			3. Date of Earliest Transaction (Month/Day/Year)     04/11/2016      4. If Amendment, Date Original Filed(Month/Day/Year)					_	Officer (give	title below)	Other	(specify below)		
								_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
WASHIN	NGTON, I									om med by i	rore man one r	reporting reison		
(Cit	y)	(State)	(Zip)			Table	I - Non-Deriv	ative Securities	Acquired,	Disposed of	of, or Benef	ficially Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	r) any	tion Date, if	Code (Instr	(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Followin Transaction(s)		l O Fe	wnership of orm:	neficial	
				(Montl	h/Day/Year)		ode V An	(A) or (D)	(Inst	r. 3 and 4)		oı (I	Indirect (Ir	vnership istr. 4)
Reminder:	Report on a	separate line for each	n class of securities l	beneficial	lly owned di	rectly	Persons	who respond						74 (9-02
Reminder:	Report on a s	separate line for each		- Deriva	tive Securiti	ies Ac	Persons in this for a curren	orm are not re tly valid OMB sed of, or Benef	quired to a control no	respond ι umber.				74 (9-02)
	2. Conversion	3. Transaction	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Securitiuts, calls, was 5. Num of Deri Securiti	ber vative ies ed (A) osed	Persons in this for a curren  quired, Dispos s, options, con 6. Date Exerc Expiration Da (Month/Day/Y	orm are not re tly valid OMB  ed of, or Benef vertible securit isable and te	quired to a control no	respond uumber. ned d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nat
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Securiti uts, calls, wa 5. Num of Deri Securiti Acquir or Disp of (D) (Instr. 3	ber vative ies ed (A) osed	Persons in this for a curren quired, Disposes, options, con 6. Date Exerc Expiration Da (Month/Day/Y	orm are not re tly valid OMB  ed of, or Benef vertible securit isable and te	recontrol notices)  7. Title and of Underly Securities	respond uumber. ned d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nat of India Benefic Owners

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
WACHTEL BONNIE K 1101 FOURTEENTH STREET NW SUITE 800 WASHINGTON, DC 20005	X				

### **Signatures**

/s/Matthew T. Sands, Controller	04/12/2016	
**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.