FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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

(11IIII OI I y	pe Response	3)													
1. Name and Address of Reporting Person* WESTER JAMES D			2. Issuer Name and Ticker or Trading Symbol INFORMATION ANALYSIS INC [IAIC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O INFORMATION ANALYSIS INC, 11240 WAPLES MILL RD STE 201			3. Date of Earliest Transaction (Month/Day/Year) 07/17/2017						Officer (give	e title below)	Oth	er (specify below))		
(Street) FAIRFAX, VA 22030			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(Cit	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month)	on Da	ate, if	Code (Inst	e (Arr. 8) (I	Securities Acqu A) or Disposed o nstr. 3, 4 and 5) (A) or mount (D)	f (D) Own Trai	Amount of S rned Followinsaction(s) str. 3 and 4)		1	Ownership o Form:	7. Nature of Indirect Beneficial Ownership Instr. 4)
Reminder:	Report on a s	separate line for each	n class of securities	beneficial	lly ow	vned di	rectly	Person in this f	s who respond form are not re s a currently v	equired to	respond	unless the		ed SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for each					•	Person in this t display	s who respond form are not re s a currently v	equired to valid OMB	respond control n	unless the		ed SEC 1	474 (9-02)
1. Title of		3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transaci Code	ive Sets, ca	ecuritie	ber iive ies eed	Person in this t display	s who respond form are not re is a currently versed of, or Bene- invertible securi- cisable and	equired to valid OMB ficially Ow ties)	orespond 3 control n wned and Amount ying	unless the umber.		of 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transaci Code	ive Sets, ca	ecuritic ills, wan 5. Num of Derivat Securiti Acquire (A) or Dispose of (D)	ber iive ies eed	Personin this findisplay equired, Disports, options, co 6. Date Exerce Expiration Date	s who respond form are not re is a currently versed of, or Bene- invertible securi- cisable and	ficially Ow ties) 7. Title an of Underly Securities	orespond 3 control n wned and Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownershi Form of Derivativ. Security: Direct (D) or Indirect (s) (I)	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WESTER JAMES D C/O INFORMATION ANALYSIS INC 11240 WAPLES MILL RD STE 201 FAIRFAX, VA 22030	X					

Signatures

/s/Matthew T. Sands, Controller	07/18/2017
**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).

Remarks:

Replaces options expired April 2017.

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.