

(Print or Type Responses)

1. Name and Address of Reporting

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL			
OMB	3235-		
Number:	0104		
Estimated averag	е		
burden hours per			
response	0.5		

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

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

Prouty Eric A		(Month/Day/Year)		riqua ivicia	Aqua Metais, IIIC. [AQM5]				
(Last) (First) (Mid 1010 ATLANTIC AVE.	04/19	-04/19/2018		Person(s) to I		ier		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) ALAMEDA, CA 94501				_X_ Director	Officer (give Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Z	p)	Tal	ble I -	- Non-Derivati	ve Securities	Bene	eficially	Owned	
1.Title of Security (Instr. 4)		Ben		nt of Securities Ily Owned		Owner	ship	lirect Beneficial	
NT					ъ				
No securities are beneficially	owned.	0			D				
Reminder: Report on a separate lin  Persons wh not require number.	e for each cla no respond d to respond	ss of securit to the colle d unless th	ectior ne for	n of information m displays a c	lirectly or indir contained in urrently valid	this OMB	control		
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### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Prouty Eric A					
1010 ATLANTIC AVE.	X				
ALAMEDA, CA 94501					

# **Signatures**

/s/ Eric Prouty	04/30/2018
**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.