

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROV	/AL
OMB	3235-
Number:	0104
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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

(Print or Type Responses)							
1. Name and Address of Reporting Person * Payne Cindy	2. Date of Event Statement (Month/Day/Ye -03/10/2017	Ť		3. Issuer Name and Ticker or Trading Symbol Akoustis Technologies, Inc. [AKTS]			
(Last) (First) (Middle) 9805 NORTHCROSS CENTER CT, SUITE H	03/10/2017	.0/2017		p of Reporting ssuer all applicable)	Filed(Amendment, Date Original Month/Day/Year)	
(Street) HUNTERSVILLE, NC 28078			DirectorX Officer (given title below) Chief Fi		specify 6. Ind Filing X_Fo	ividual or Joint/Group (Check Applicable Line) rm filed by One Reporting Person m filed by More than One Reporting	
(City) (State) (Zip)	Т	able I -	- Non-Derivati	ve Securitie	s Beneficia	lly Owned	
1.Title of Security (Instr. 4)			lly Owned			Nature of Indirect Beneficial //nership str. 5)	
Common Stock, par value \$0.001	per share 1	84,375		D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Exerciand Expiration (Month/Day/Year)		3. Tit Secur	le and Amount of rities Underlying vative Security	4. Conversio or Exercis Price of	5. n Ownership e Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Dat Exe	e Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners							

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Payne Cindy 9805 NORTHCROSS CENTER CT SUITE H HUNTERSVILLE, NC 28078			Chief Financial Officer		

Signatures

/s/ Cindy Payne	03/10/2017
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.