

EMRISE Corp
Form 3
June 25, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol
Â POPLAR POINT CAPITAL PARTNERS LP			(Month/Day/Year)	EMRISE Corp [EMRI]
(Last)	(First)	(Middle)		
840 HINCKLEY ROAD, SUITE 221				
(Street)				
BURLINGAME,Â CAÂ 94010				
(City)	(State)	(Zip)		

4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Check all applicable)	
<input type="checkbox"/> Director <input type="checkbox"/> Officer (give title below)	<input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,160,141	D <u>(1)</u>	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
POPLAR POINT CAPITAL PARTNERS LP 840 HINCKLEY ROAD, SUITE 221 BURLINGAME, CA 94010	Â	Â X	Â	Â
POPLAR POINT CAPITAL MANAGEMENT LLC 840 HINCKLEY ROAD, SUITE 250 BURLINGAME, CA 94010	Â	Â X	Â	Â
POPLAR POINT CAPITAL GP LLC 840 HINCKLEY ROAD, SUITE 250 BURLINGAME, CA 94010	Â	Â X	Â	Â
FAKHRY JAD 840 HINCKLEY ROAD, SUITE 250 BURLINGAME, CA 94010	Â	Â X	Â	Â

Signatures

/s/ Jad Fakhry 06/24/2015

__Signature of Date
Reporting Person

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).

(1) This Form 3 is being jointly filed by Poplar Point Capital Management LLC ("PPCM"), Poplar Point Capital Partners LP ("PPCP"), Poplar Point GP LLC ("PPGP"), and Mr. Jad Fakhry (collectively with PPCM, PPCP and PPGP, the "Reporting Persons") with respect to shares of common stock of the above-named issuer owned by PPCP. PPCM is the investment manager for PPCP. PPGP is the general partner of PPCP. Mr. Fakhry is the manager of PPCM and PPGP, and owns a controlling interest in, PPCM and PPGP. The filing of this statement shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any securities covered by the statement other than the securities actually owned by such person (if any).

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.