ZION OIL & GAS INC

Form 5

February 16, 2016

FORM	15								OMB AP	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number:	3235-0362			
Check this box if Washington, D.C. 20549 no longer subject							Expires:	January 31,				
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 1.0						
1(b).	Filed pur foldings Section 17(a) of the l	Public U	6(a) of the stility Holdin restment C	ng Compa	ny A	ct of 19		ı			
1. Name and A	Symbol					5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (1	Middle)	ZION OIL & GAS INC [ZN] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015					(Check all applicable)				
								X Director Officer (give t		Owner r (specify		
3504 LAKEBLUFF WAY							bel	low)	below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6.	6. Individual or Joint/Group Reporting				
								(check	applicable line)			
PLANO, TX 75093 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person												
(City)	(State)	(Zip)	Tab	le I - Non-Der	ivative Sec	uritie	s Acquir	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common					Amount	(D)	Price	4)				
Stock, Par Value \$0.01	01/26/2015	Â		P	35.714 (1)	A	\$ 1.4	539.131	D	Â		
Common Stock, Par Value \$0.01	05/28/2015 <u>(2)</u>	Â		P	25 (1)	A	\$ 2	564.131	D	Â		
Common Stock, Par	08/26/2015 <u>(2)</u>	Â		P	35.336 (1)	A	\$ 1.415	599.467	D	Â		

Value \$0.01									
Common Stock, Par Value \$0.01	09/28/2015	Â	P	35.336 (1)	A	\$ 1.415	634.803	D	Â
Common Stock, Par Value \$0.01	10/26/2015	Â	P	25.974 (1)	A	\$ 1.925	660.777	D	Â
Common Stock, Par Value \$0.01	11/27/2015	Â	P	25.641 (1)	A	\$ 1.95	686.418	D	Â
Common Stock, Par Value \$0.01	12/28/2015	Â	P	27.548 (1)	A	\$ 1.815	713.966	D	Â

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.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 9	Director	10% Owner	Officer	Other			
Scammahorn Gene	ÂX	Â	Â	Â			
3504 LAKEBLUFF WAY							

Reporting Owners 2

PLANO, TXÂ 75093

Signatures

Brittany Martin AIF for Gene E. Scammahorn 02/16/2016

**Signature of Reporting Person

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).

Date

- THE REPORTING PERSON PARTICIPATES IN THE ISSUER'S DIRECT STOCK PURCHASE PLAN WITH AN AUTOMATIC (1) MONTHLY DEDUCTION OF \$50.00 FROM THE REPORTING PERSON'S BANK ACCOUNT. THE PURCHASE IS MADE ON THE LAST TRADING DAY OF EACH MONTH AS LONG AS THE REPORTING PERSON IS ENROLLED IN THE PLAN.
- (2) THE INVESTMENT GAPS DURING THE FIRST SIX MONTHS OF 2015 ARE DUE THE REPORTING PERSON SWITCHING BANK ACCOUNTS CAUSING THE MONTHLY ACH TRANSACTIONS TO BE REJECTED.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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