FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

INITIAL STATEMENT OF 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

Staten (Mont	nent h/Day/Year			3. Issuer Name and Ticker or Trading Symbol Alliance MMA, Inc. [AMMA]			
(Last) (First) (Middle) 590 MADISON AVE., 21ST FLOOR		4. Relations Person(s) to (Chec		ssuer all applicable)	Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year)	
					6. Indiv Filing(C _X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person	
	Tal	ble I	- Non-Derivativ	ve Securities	Beneficially	y Owned	
1.Title of Security (Instr. 4)			lly Owned	Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			
respond t to respond	o the colle d unless th	ectior ne for	n of information m displays a cu	contained in rrently valid (this form ar OMB contro	1	
1. Title of Derivative Security 2. Date Exercisable		3. Tit Secur Deriv	tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exercisable	Expiration Date	Title	Amount or Numb	Derivative Security	Security: Direct (D) or Indirect		
	for each class or respond to resp	Statement (Month/Day/Year 10/24/2018 Tal 2. A Ber (Instance of the collector respond to the collector respond unless the courities Beneficially O 2. Date Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) 10/24/2018 2. Amoun Beneficia (Instr. 4) for each class of securities bere respond to the collection to respond unless the for ecurities Beneficially Owned 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Tit securities Beneficially Owned Derive (Instr. 4)	Statement (Month/Day/Year) 10/24/2018 4. Relationshiperson(s) to Is (Check X_Director Officer (giv title below) 2. Amount of Securities Beneficially Owned (Instr. 4) for each class of securities beneficially owned displays a curvature securities Beneficially Owned (e.g., puts, calls, vertically owned) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Statement (Month/Day/Year) 10/24/2018 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give ditle below) 2. Amount of Securities Beneficially Owned (Instr. 4) Form: Direct (I) (Instr. 5) for each class of securities beneficially owned directly or indirect (I) (Instr. 5) for each class of securities beneficially owned directly or indirect (I) (Instr. 5) for each class of securities beneficially owned directly or indirect or respond to the collection of information contained in to respond unless the form displays a currently valid of the collection of information contained in to respond unless the form displays a currently valid of the collection of information contained in the collection of inform	(Month/Day/Year) 10/24/2018 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give Officer (give below) Table I - Non-Derivative Securities Beneficially 2. Amount of Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owner (Instr. 5) For each class of securities beneficially owned directly or indirect (I) (Instr. 5) for each class of securities beneficially owned directly or indirectly. Tespond to the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays a currently valid OMB control of the collection of information contained in this form are to respond unless the form displays and the collection of information contained in this form are to respond to the collectio	

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Miller Charles Kenneth III 590 MADISON AVE., 21ST FLOOR NEW YORK, NY 10022	X				

Signatures

/s/ Charles K. Miller	10/30/2018
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * 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.