## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| nours per response       | 0.5       |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN 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

| (Print or Ty  | pe Response | es)                       |  |   |   |   |     |                       |  |   |  |  |  |            |           |
|---|-------------|---------------------------|--|---|---|---|-----|-----------------------|--|---|--|--|--|------------|-----------|
| 1. Name and Address of Reporting Person *- Christie Robert Steven |             |                           |  | 2. Issuer Name and Ticker or Trading Symbol SCWorx Corp. [WORX]             |   |   |     |                       |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |  |  |  |            |           |
| 34 SAN N  | MARCO S     | (First)<br>TREET          |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2019                 |   |   |     |                       |  | ve title below)   |  | (specify below)  |  |            |           |
| (Street) WEST WINDSOR, NJ 08550                                   |             |                           | 4  | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |   |   |     |                       |  |   | 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)                   | (Zip)                                      | Table I - Non-Derivative Securities Acqu                                    |   |   |     | s Acquire             | lired, Disposed of, or Beneficially Owned  |   |  |  |  |            |           |
| 1.Title of S (Instr. 3)   | ecurity     |                           | 2. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, if Code (A) or Disposed of (D) Ow (Instr. 3, 4 and 5) Trail |   | Transaction(s) Form: (Instr. 3 and 4) Direct (D |     |                       | wnership of Be rect (D) Ov Indirect (Ir  | eneficial<br>wnership   |  |  |  |            |           |
|   |             |                           |  |   |   |   |     | contain<br>form dis   | s who respo<br>ed in this fo<br>splays a cur<br>sed of, or Ber<br>evertible secu | rm are no<br>rently val<br>reficially O   | t required<br>id OMB co  | d to respo   | nd unless the  |            | 74 (9-02) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | Conversion  | 3. Transaction 3A. Deemed | if Transaction Code I (Instr. 8)           |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |   |     | ercisable and<br>Date | 7. Title a<br>Amount Underlyi<br>Securitie<br>(Instr. 3 a                        | of<br>ng<br>s   |  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial |           |
|   |             |                           |  | Code  | v   | (A)   | (D) | Date<br>Exercisable   | Expiration<br>Date   | Title   | Amount<br>or<br>Number<br>of<br>Shares   |  |  |            |           |
| Common<br>Stock<br>Option   | \$ 6.49     | 02/13/2019                |  | A   |   | 13,393  |     | (1)                   | 02/13/2029   | Commo   | 113 303  | (2)  | 13,393   | D          |           |

#### **Reporting Owners**

| D// Add   | Relationships |           |              |  |  |  |
|---|---------------|-----------|--------------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer Othe |  |  |  |
| Christie Robert Steven<br>34 SAN MARCO STREET<br>WEST WINDSOR, NJ 08550 | X             |           |              |  |  |  |

#### **Signatures**

| /s/ Robert Christie             | 02/13/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

#### **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).
- (1) The option vests in 4 quarterly installments, commencing ninety days after the grant date.
- (2) The options were awarded to the reporting person as compensation for services to be rendered to the issuer through February 12, 2020.

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.