FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO	VAL
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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 Report Person * MATHEWS CHARLES	Staten (Mont	Statement (Month/Day/Year) 03/26/2018		ng 3. Issuer Name and Ticker or Trading Symbol MOBIVITY HOLDINGS CORP. [MFON]					
(Last) (First) (55 N. ARIZONA PLACE, 310	Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) CHANDLER, AZ 85225				Director 10% Owner X Officer (give title below) Other (specify below) CFO			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-I) erivati	ve Secur	ties Be	neficially (Owned	
1.Title of Security (Instr. 4)	_,		ount of Secu cially Owne 4)			lature of Indirect Beneficial nership tr. 5)			
not requi number.	who respond t ired to respond	o the collect I unless the	ion of info form displ	ormation ays a cu	containe urrently v	d in thi	is form are IB control	SEC 1473 (7-02)	
1. Title of Derivative Security (Instr. 4) 2. Date Expiration (Month/Day)		Exercisable and 3. To secure of the security o		itle and Amount of arities Underlying vative Security		version xercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount Number Shares	or Sec	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)		
Stock Option	03/26/2018(1)	03/26/2028	Common Stock	300,00	0 \$ 1	.1	D		
Reporting Owne	ers								

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MATHEWS CHARLES B					
55 N. ARIZONA PLACE, SUITE 310			CFO		
CHANDLER, AZ 85225					

Signatures

/s/ Charles B. Mathews	03/30/2018
**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).
- (1) Options vest 1/48th per month for 48 months.

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.