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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Mercer Darren		2. Date of Event Re Statement (Month/ 11/03/2019		3. Issuer Name and Ticker or Trading Symbol MICT, Inc. [MICT]							
(Last) 28 WEST GRA (Street) MONTVALE (City)	(First) ND AVENUE, S NJ (State)	(Middle) SUITE 3 07645 (Zip)				tionship of Reporting Person(s all applicable) Director Officer (give title below)) to Issuer 10% Owner Other (speci below)	fy (Mo	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
·· ····· ·· · · · · · · · · · · · · ·					ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities U Derivative Security (Instr. 4)		4. Conversion or Exercise	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Darren Mercer</u> <u>11/14/2019</u>

** Signature of Reporting Person Date

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

 $Note: File three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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 Number.

 $^{^{\}star}$ 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).