FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | hours 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* SIMES STEPHEN M | | | 2. Issuer Name and Ticker or Trading Symbol RestorGenex Corp [RESX] | | | | | | | (Ch | elationship ceck all applic | able) |) Perso | on(s) to Issu | | | |
|---|--|---------------------|---|---|--------------------------------|--------------|--|-------------------|---|--|---|-------------------------------------|---|---|----------------|--|---------------------------------------|
| (Last) (First) (Middle) 1800 CENTURY PARK EAST, 6TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/24/2014 | | | | | | | below) | (give title | utive | Other (s below) Officer | specify | | |
| | GELES | | 90067 | | 4. If An | nendment, I | Date o | of Original I | Filed | (Month/Da | y/Year) | Line | X Form fi | led by One led by More | Repo | (Check App rting Persor One Repor | 1 |
| (City) | | (State) | (Zip) | | | 1.5.55 | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. | | | 5. Amour Securitie Beneficia Owned F Reported | s Form Illy (D) o ollowing (I) (In | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code | | | v | Amount | (A) o (D) | r Price | Transact | Transaction(s) (Instr. 3 and 4) | | | (1113111 4) | | | |
| | 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 | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Cod | e, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s Illy | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | Cod | le V | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Option (right to buy) | \$3.92 | 07/24/2014 | | A | | 542,975 | | (1) | 0 | 7/24/2024 | Common Stock | 542,975 | \$0 | 542,97 | 75 | D | |

Explanation of Responses:

1. The option will vest in equal quarterly installments for three years following the date of grant of July 24, 2014.

/s/ Stephen M. Simes 07/28/2014

** Signature of Reporting Person Date

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

- * 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).

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.