FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average I	ourden
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).

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

	pe Response	0)												
1. Name and Address of Reporting Person * Newman David			2. Issuer Name and Ticker or Trading Symbol DropCar, Inc. [DCAR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O DROPCAR, INC., 1412 BROADWAY, SUITE 2105			3. Date of Earliest Transaction (Month/Day/Year) 12/23/2018						X Officer (give title below) Other (specify below) See Remarks					
(Street) NEW YORK, NY 10018			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					
(Cit	ty)	(State)	(Zip)		Table I - Non-Derivative Securities Acqu					tired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Execu ar) any	eemed ition Date, if	(Instr. 8)		A) or Disposed of Instr. 3, 4 and 5)	f (D) Owned Followin Transaction(s)		ecurities Beneficially ng Reported		wnership o	Beneficial	
				(Mon	th/Day/Year)		ode V	(A) or (D)	Price	,			Direct (D) Ownership or Indirect (Instr. 4)	
Reminder:	report on a				<u>-</u>			s who respon						174 (9-02)
Reminder:	report on a						in this a curre quired, Disp	form are not rently valid OME	equired to B control r ficially Ow	respond ur number.				174 (9-02)
1. Title of		3. Transaction	Table II 3A. Deemed Execution Date, if	(e.g., p 4. Transacti Code	5. Numb Derivativ Securitie	er of ve s l (A) sed of	quired, Disp es, options, co 6. Date Exer Expiration I (Month/Day	form are not rently valid OME osed of, or Bene onvertible securities cisable and Date	equired to 3 control r ficially Ow ties)	respond ur number. ned nd Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	(e.g., p 4. Transacti Code (Instr. 8)	5. Numb Derivativ Securitie Acquired or Dispo (D) (Instr. 3,	er of ve s l (A) sed of	quired, Disp es, options, co 6. Date Exer Expiration I (Month/Day	form are not rently valid OME osed of, or Bene onvertible securities cisable and Date	ficially Ow ties) 7. Title ar of Underl Securities	respond ur number. ned nd Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Newman David C/O DROPCAR, INC. 1412 BROADWAY, SUITE 2105 NEW YORK, NY 10018	X	X	See Remarks			

Signatures

/s/ David B. Newman	12/27/2018
**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 stock option was issued as compensation in lieu of a cash milestone payment pursuant to the Reporting Person's employment agreement with the Issuer.

Remarks:

Title - Secretary, Treasurer, Chief Business Development Officer

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.