## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
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

(Print or Ty	pe Response	es)															
Name and Address of Reporting Person * Norstrud Andrew James					2. Issuer Name and Ticker or Trading Symbol GENERAL EMPLOYMENT ENTERPRISES INC [JOB]							Cx_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director				
15837 TF	st) RACKSIDI	(First) E DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/23/2015						CFO							
(Street) ODESSA, FL 33556				4. If Amendment, Date Original Filed(Month/Day/Year)							/Year)	_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(Cir		(State)	(Zip)	Table I - Non-Derivative Securities Acqui						Acquired,							
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea)  Reminder: Report on a separate line for each class of securities			Execution Date, if Co any (Month/Day/Year)			Code (Inst	tr. 8) (Instr. 3, 4 and 5)  Code V Amount (A) or Proportion or indirectly.		C(D) Own Tran (Inst	O) Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership orm: Direct (D) or Indirect (I) Instr. 4)	Beneficial Ownership			
			Table II					i a quired	n this fo a current I, Dispose	orm and the second of the seco	are not recalled OMB	quired to control n	respond ι umber.		form displa		474 (9-02)
	1	1	1		outs,						ole securiti				1		
Security	Conversion	se (Month/Day/Year)	Execution Date, if	Code				6. Date Exercisable at Expiration Date (Month/Day/Year)		and 7. Title and of Underly Securities (Instr. 3 ar		erlying Derivative ies Security		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (I or Indirects)		
				Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option	\$ 0.70	07/23/2015	07/23/2015	A		300,000		07/2	3/2016	07	//23/2025	Common	300,000	\$ 0.70	1,500,000	D	

### **Reporting Owners**

Describes Ossess News / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Norstrud Andrew James 15837 TRACKSIDE DRIVE ODESSA, FL 33556	X		CFO				

### **Signatures**

Andrew J. Norstrud	07/28/2015
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) Three year vesting schedule

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.