FORM 4

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

OMB APPR	OVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response	e 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			*	2.7	NT.		.1		n. 1' C	11		5 Relation	nship of Rep	orting D	ercon(c) t	o Icener	
Name and Address of Reporting Person Bajalia George A				GEN	2. Issuer Name and Ticker or Trading Symbol GENERAL EMPLOYMENT ENTERPRISES INC [JOB]						_X_ Direct	(Che	ck all ap	plicable) 10% O		w)	
P.O. BOX		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/20/2015												
(Street) JACKSONVILLE, FL 32255				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form file	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-Derivative Securities Acquired, Disposed of, or Benefici						Beneficia	lly Own	ed				
1.Title of Security (Instr. 3)			Date (Month/Day/Year)			Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficially Reported T	t of Securities lly Owned Following Transaction(s)		Form:	ip Indire Bene	Beneficial	
				(Month	(Month/Day/Year)		Code V		Amount	(A) or (D)	Price	(Instr. 3 and	or Indi (I)		Direct (I or Indire (I) (Instr. 4)	rect (Instr. 4)	
Common	Stock		02/20/2015	02/20/	2015	P			285,713	A	\$ 0.35	285,713			I	Fina	lmark ncial ooration
Reminder: I	Report on a	separate line	for each class of s	ecurities	beneficiall	y owned	dire	ctly	or								
								cor	ntained i	n this f	form a	to the colle are not req rently valid	uired to re	spond	unless	SEC	1474 (9- 02)
			Table II		tive Secur ıts, calls, v							ially Owned	I				
1. Title of Derivative Security (Instr. 3)			Execution	ed Date, if	4. Transaction Code	5. Nu n of	mber ative ities ired sed	6.	Date Exer d Expirati Ionth/Day	cisable on Date	7. Aı Uı Se	Title and mount of nderlying ecurities nstr. 3 and	8. Price of Derivative Security (Instr. 5)		ve Oes Fe D D Se D Oo	wnership orm of erivative ecurity: frect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	4, and	(D)	Da Ex	ite ercisable	Expirat Date	ion Ti	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	otor 10% Owner Office		Other			
Bajalia George A P.O. BOX 551125 JACKSONVILLE, FL 32255	X						

Signatures

George Bajalia	02/20/2015
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).

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 nu	mber.