(City)

(State)

1. Name and Address of Reporting Person\* HARBINGER HOLDINGS, LLC

(Zip)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	ions may contir tion 1(b).	nue. See		File								es Exchan npany Act			4			hours	per	response:	0
1. Name and Address of Reporting Person*  HARBINGER CAPITAL PARTNERS  MASTER FUND I, LTD.					2. Issuer Name and Ticker or Trading Symbol HRG GROUP, INC. [ HRG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title X Other (specify							
(Last) (First) (Middle) C/O INTERNATIONAL FUND SVS (IRELAND) LT						3. Date of Earliest Transaction (Month/Day/Year) 10/09/2015									below) A below)  *See Remarks						
78 SIR JOHN ROGERSON'S QUAY  (Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting						
DUBLIN (City)			00000 (Zip)												X	Forn Pers		ore th	nan One Rep	orting	
(0.0)			le I - No	n-Deriv	vative	e Se	curi	ities	Acc	uired.	Dis	posed o	f. or I	Bene	ficia	allv	Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				saction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	ction	4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)		(A) or	4 and Sec Ben Own Rep		mount of urities eficially ned Following orted		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)			
					4			Code	v	Amount	(A (C				Transaction(s) (Instr. 3 and 4)						
Common Stock (par value \$0.01 per share) 10/0				9/2015				S		250,00	0,000 D		\$1		20,739,106			D <sup>(1)</sup>			
		Та	able II - I									sed of, onvertib				y O	wned				
1. Title of Derivative Security (Instr. 3)  2. Conversior or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)		n of E		Expiratio	5. Date Exercis Expiration Date Month/Day/Ye		7. Title Amou Secur Under Deriva Secur and 4)	nt of ties lying tive ty (Instr. 3		Deri Sec	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)	
					Code	v	(4	A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
1		Reporting Person*	DTNIED	CMA	CTT																
FUND		CAPITAL PAI	KINEK	. <u>5 MA</u>	.51E	<u>K</u>															
		(First) NAL FUND SVS ERSON'S QUAS	•		Γ																
(Street)  DUBLIN	12	L2	000	00																	
(City)		(State)	(Zip)																		
1		Reporting Person*		S LL(	<u>_</u>																
(Last) 450 PAR	K AVENUI	(First) E, 30TH FLOOF	(Mide	dle)																	
(Street) NEW YO	ORK	NY	100.	22		_															

(Last) 450 PARK AVENU	(First) JE, 30TH FLOOR	(Middle)							
(Street) NEW YORK	NY	10022							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  FALCONE PHILIP									
(Last) 450 PARK AVENU	(First) JE, 30TH FLOOR	(Middle)							
(Street) NEW YORK	NY	10022							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

1. These Shares are owned directly by Harbinger Capital Partners Master Fund I, Ltd. (the "Master Fund"), which is a Reporting Person. These Shares may be deemed to be indirectly beneficially owned by the following, each of whom is a Reporting Person: Harbinger Capital Partners LLC ("Harbinger LLC"), the investment manager of the Master Fund; Harbinger Holdings, LLC ("Harbinger Holdings"), the manager of Harbinger LLC; and Philip Falcone, the managing member of Harbinger Holdings and the portfolio manager of the Master Fund. Each person listed in this Footnote disclaims beneficial ownership of the Shares except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such person is the beneficial owner of the Shares for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

## Remarks:

(+) The persons listed herein may be deemed to be members of a "group" for purposes of the Securities Exchange Act of 1934, as amended. While Mr. Falcone does not directly own any of the securities of the Issuer directly owned by the other reporting persons herein, Mr. Falcone may be deemed to be the beneficial owner of such securities. Securities of the Issuer directly owned by Mr. Falcone are reported in separate Form 4s filed by Mr. Falcone. Each person listed herein disclaims beneficial ownership of any securities deemed to be owned by the group that are not directly owned by such person. This report shall not be deemed an admission that such person is a member of a group or the beneficial owner of any securities not directly owned by such person.

**Harbinger Capital Partners** Master Fund I, Ltd. By: **Harbinger Capital Partners** 10/13/2015 LLC, By: Harbinger Holdings, LLC, Manager By: /s/ Philip Falcone Harbinger Capital Partners LLC By: Harbinger Holdings, 10/13/2015 LLC, Manager By: /s/ Philip Harbinger Holdings, LLC By: 10/13/2015 /s/ Philip Falcone /s/ Philip Falcone 10/13/2015 \*\* 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.