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: 3235-0287

obligat لــــ	n 16. Form 4 or ions may contir tion 1(b).			Filed							rities Exchanç Company Act c		f 1934			III.	per response:	0.5
HARB		Reporting Person* APITAL PAI D I, LTD.	RTNERS	<u>S</u>			r Name a				g Symbol G]			Check all C	applica irector officer (g		v Othe	Owner r (specify
LT	ERNATION	NAL FUND SVS		ND)			of Earlies 2015	st Tran	saction	(Mont	th/Day/Year)			D	elow)	*See F	A belov Remarks	v)
(Street) DUBLIN (City)	N 2 L2	ate) (00000 (Zip)								ed (Month/Da		L	ine) F X F	Form file Form file Person	ed by One	o Filing (Check e Reporting Pe re than One Re	rson
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on	2A. Deem Execution (ear) if any		emed		ction Instr.	4. Securities	Acquired (A) or (D) (Instr. 3, 4 and		5. 5) Se Be	Amoun ecurities eneficial wned Fo	3	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Tr	eported ansaction str. 3 au			(Instr. 4)
Common Stock (par value \$0.01 per share)						.5			S		423,657	D	\$13.13	3(1)(2)	20,260,449		D ⁽⁴⁾	
Common share)	Stock (par	value \$0.01 per	1	1/09/20	15				S		510,449	D	\$13.15	5(2)(3)	19,750	0,000	D ⁽⁴⁾	
		Та									posed of, o				ed			1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ed 4 Date,	4. Transac Code (II	ction	5. Nu of Deriv Secu Acqu (A) o Dispo	rative prities prities priced r osed)	6. Dat	e Exer	cisable and Date	7. Title Amoun Securit Underly Derivat	and nt of ties ying	8. Price Derivati Security (Instr. 5	ve der Sed Bed Ow Fol Red Tra	Number o rivative curities neficially med llowing ported ansaction str. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					
HARB!		Reporting Person* APITAL PAI	RTNERS	S MAS	STER	2												
	ERNATIO	(First) NAL FUND SVS ERSON'S QUAY		•														
(Street) DUBLIN	V 2	L2	0000	0														
(City)		(State)	(Zip)															
		Reporting Person*	OTNIED (SIIC														

(Middle)

10022

(Zip)

(Last)

(Street) NEW YORK

(City)

(First)

NY

(State)

450 PARK AVENUE, 30TH FLOOR

1. Name and Addres									
(Last)	(First)	(Middle)							
450 PARK AVE	NUE, 30TH FLC	OR							
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							
	L. Name and Address of Reporting Person* FALCONE PHILIP								
(Last)	(First)	(Middle)							
450 PARK AVENUE, 30TH FLOOR									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. The sale price represents the weighted average sale price for multiple transactions reporting on this line. The prices of the transactions ranged from \$13.09 to \$13.204, inclusive.
- 2. The Reporting Persons undertake to provide upon request by the staff of the Securities and Exchange Commission, HRG Group, Inc. ("HRG") or a security holder of HRG full information regarding the number of Shares sold at each separate price within the range set forth on this line.
- 3. The sale price represents the weighted average sale price for multiple transactions reporting on this line. The prices of the transactions ranged from \$12.91 to \$13.41, inclusive.
- 4. 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** 11/10/2015 LLC, By: Harbinger Holdings, LLC, Manager By: /s/ Philip <u>Falcone</u> **Harbinger Capital Partners** LLC By: Harbinger Holdings, 11/10/2015 LLC, Manager By: /s/ Philip Harbinger Holdings, LLC By: 11/10/2015 /s/ Philip Falcone /s/ Philip Falcone 11/10/2015 ** 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.