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ALLDIGITA											
	L HOLDINGS	, INC.									
Form 4											
May 28, 2014											
FORM	$ 4 _{\text{UNITED}}$) STATES	SECHE	TIFS A	ND FYC	HAN	CF C	OMMISSION		PROVAL	
		JOIAIL			, D.C. 205		GLU	010110110501011	OMB Number:	3235-0287	
Check this if no longe	or				DENEEL	CTAT			Expires:	January 31, 2005	
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated average					
Form 4 or	Section 16. SECURITIES					burden hour response	rs per 0.5				
Form 5	Filed pu	ursuant to S	Section 1	6(a) of th	ne Securitie	es Exc	hange	e Act of 1934,	103001130	0.0	
obligation may contin				•	. .			1935 or Section	ı		
See Instru		30(h)	of the In	vestment	t Company	Act o	of 194	0			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * 2. Issuer LINOS MICHAEL F Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
5 yiii bor			GITAL HOLDINGS, INC. .]				(Check all applicable)				
[ADGL											
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction			_X_ Director	_X_ 10%		
			/Day/Year)								
				-				X Officer (give below)	below)	r (specify	
	OLOGY DRIV	/Е,	(Month/D 05/23/2	-				below)		r(specify	
220 TECHN SUITE 100		/Е,	05/23/2	014				below)	below) EVP Sales		
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SUITE 100 IRVINE, CA (City) 1.Title of Security (Instr. 3) Common	(Street) • 92618 (State) 2. Transaction Da	(Zip) te 2A. Deer) Executio any	05/23/2 4. If Ame Filed(Mon Tabl ned n Date, if	014 endment, D nth/Day/Yea e I - Non-I 3. Transactic Code (Instr. 8)	r) Derivative S 4. Securitie or(A) or Disp (Instr. 3, 4	es Acqu posed o and 5) (A) or	es Acqu iired f (D)	below) 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person tired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	below) EVP Sales int/Group Filin One Reporting Per fore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I)	g(Check rson porting y Owned 7. Nature of Indirect Beneficial Ownership	
SUITE 100 IRVINE, CA (City) 1.Title of Security (Instr. 3) Common Stock	(Street) A 92618 (State) 2. Transaction Da (Month/Day/Year	(Zip) te 2A. Deer) Executio any	05/23/2 4. If Ame Filed(Mon Tabl ned n Date, if	014 endment, D nth/Day/Yea e I - Non-I 3. Transactic Code (Instr. 8)	r) Derivative S 4. Securitio on(A) or Disp (Instr. 3, 4 Amount	es Acqu posed o and 5) (A) or (D)	es Acqu hired f (D) Price	below) H 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person fired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	below) EVP Sales int/Group Filin One Reporting Per fore than One Rep or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I)	g(Check rson porting y Owned 7. Nature of Indirect Beneficial Ownership	
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
FB			10% Owner	Officer	Other			
LINOS MICHAEL F 220 TECHNOLOGY DRIVE, SUIT IRVINE, CA 92618	Е 100	Х	Х	EVP Sales				
Signatures								
Michael F. 05/28/2 Linos	2014							

**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 number.