FORM 4	4
--------	---

Check this box if no				
longer subject to				
Section 16. Form 4 or				
Form 5 obligations				
may continue. See				
Instruction 1(b).				

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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 Type Respons	es)											
1. Name and Address of Billingsley Chester	2. Issuer Name <b>a</b> Mentor Capital,				mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
P.O. BOX 1709	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016						X Officer (give title below) Other (specify below)   Chief Executive Officer			
RAMONA, CA 920	(Street) 065		4. If Amendment, Date Original Filed(Month/Day/Year)					r)	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)	Tab	le I - Non-	Deri	vative Se	ecuritie	s Acqui	red, Disposed of, or Beneficially	Owned		
1. Title of Security (Instr. 3)		(Month/Day/Year)	Execution Date, if			(A) or Disposed of (D)		of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
Common Stock		11/25/2016	11/25/2016	S <mark>(1)</mark>		500	D	\$ 0.845	4,834,986	D		
Common Stock 11/28/2016		11/28/2016	S		5,700	D	\$ 0.83	4,829,286	D			
Common Stock		11/28/2016	11/28/2016	S		6,200	D	\$ 0.845	4,823,086	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Num	ıber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	•		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivat	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	curit	ies			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquir	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A	) or				4)			Following	Direct (D)	
					Di	ispos	ed						Reported	or Indirect	
					of	(D)							Transaction(s)	(I)	
					(II	nstr. 3	3,						(Instr. 4)	(Instr. 4)	
					4,	and t	5)								
											Amount				
								Date	Emination		or				
								Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	r (A	A) (	D)				Shares				

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting o when runne / runn ess		10% Owner	Officer	Other			
Billingsley Chester P.O. BOX 1709 RAMONA, CA 92065	Х	Х	Chief Executive Officer				

## **Signatures**

/s/ Chester Billingsley	11/29/2016
**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) All sales per 10b5-1 Plan initiated November 15, 2016.

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.