FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
ours 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	pe Response	es)															
1. Name and Address of Reporting Person * Stansfield Lori					2. Issuer Name and Ticker or Trading Symbol Mentor Capital, Inc. [MNTR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
P.O. BOX		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/05/2017						X Officer (give title below) Other (specify below) CFO						
(Street) RAMONA, CA 92065				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							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 Acq						Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Execu any	2A. Deemed Execution Date, if		f Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	Beneficial Ownership		
						ode	V	Amoun	(A) or (D)	Price		(I		(I) (Instr. 4)	(Ilisu. 4)		
Common	Stock		04/05/2017				S		2,000		\$ 2.08	08 12,222			D		
Reminder: indirectly.	Report on a	separate line	for each class of sec		peneficially		1	Pers cont the f	ons wh ained i orm dis	n this fo splays a	rm are curre	e not rec	uired to re d OMB cor	nformation espond un ntrol numb	ess	EC 1474 (9- 02)	
				(<i>e.g.</i> , pu	its, calls, w	arran	ts, opt	tions,	conver	tible secu	rities)						
Security	Conversion	e (Month/Day/Year) any (Month		ed 4. Date, if Transaction Code ny/Year) (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu (Ins: 4)	Title and mount of nderlying curities astr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)		
					Code V	(A)	(D)	Date Exer	cisable	Expiratio Date	Title	Number of Shares					

Reporting Owners

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stansfield Lori P.O. BOX 1709 RAMONA, CA 92065	X		CFO				

Signatures

/s/ Lori Stansfield	04/07/2017
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.