FORM 4	4
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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

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02)

#### 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

1. Name and Address of Reporting Person – Billingsley Chester			2. Issuer Name a 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) 03/13/2017						X         Officer (give title below)         Other (specify below)           Chief Executive Officer		
RAMONA, CA 92	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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. 7. N Ownership Form: Bene Direct (D) Owr					
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock		03/13/2017		S <mark>(1)</mark>		4,500	D	\$ 2.1703	4,622,486	D	
Common Stock 03/13/2017		03/13/2017		S		2,252	D		4,620,234	D	
Common Stock		03/15/2017		S		3,248	D	\$ 2.26	4,616,986	D	
Common Stock 03/15/2017			S		6,000	D	\$ 2.22	4,610,986	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.

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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numb	oer 6	5. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		a	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	ve (	Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	curitie	es			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired	d			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A	) or				4)			Following	Direct (D)	
					Di	sposed	d						Reported	or Indirect	
					of	(D)							Transaction(s)	(I)	
					(Ir	str. 3,							(Instr. 4)	(Instr. 4)	
					4,	and 5)	)								
											Amount				
							г	Date	Expiration		or				
								Exercisable		Title	Number				
							1	Exercisable	Date		of				
				Code V	' (A	A) (D	))				Shares				

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Treporting o when I value / I aut ess	Director	10% Owner	Officer	Other				
Billingsley Chester P.O. BOX 1709 RAMONA, CA 92065	Х	Х	Chief Executive Officer					

### Signatures

/s/ Chester Billingsley	03/15/2017
**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).

(1) All sales per 10b5-1 Plan initiated February 15, 2017.

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.