FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response | 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 | s) | | | | | | | | | | | | | |
|--|-----------------------|--|---|---|--|-----------------------------------|--|--------------------------------------|---|---|--|-------------|---|-------------------------|--------------------|
| 1. Name and Address of Reporting Person * HEYWARD ANDREW A | | | | 2. Issuer Name and Ticker or Trading Symbol Genius Brands International, Inc. [GNUS] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | |
| (Last) (First) (Middle) 301 N. CANON DRIVE, SUITE 305 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2015 | | | | | | X Officer (give title below) Other (specify below) CEO | | | | | |
| (Street) BEVERLY HILLS, CA 90210 | | | 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) | | | | Tal | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | f Code (Instr. 8) | | (A (E | ion 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect | Beneficial Ownership | |
| | | | | | Co | de | V Amount | | (A) or (D) | Price | | | | (I) (Instr. 4) | |
| Common \$0.001 pe | Stock, par r share | value, | 09/11/2015 | | Р | , | 50 | 00 | A | \$ 1.59 | 9 3,700 | | | I | See note |
| Reminder: I indirectly. | Report on a | separate line f | or each class of secu | rities beneficially o | owned | F | Person contair | ned ir | n this fo | rm ar | e not req | uired to re | nformation espond un ntrol numb | less | EC 1474 (9- 02) |
| | | | | Perivative Securiti 2.g., puts, calls, wa | | | | | | | | i | | | |
| Security (Instr. 3) | Conversion | e (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Exercisable piration Date (In An Un See (In 4)) Expiration Title | | Amo Und Sect (Ins: 4) | Amount or Number | Derivative Security (Instr. 5) | , | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownershi : (Instr. 4) | | | | |
| | | | | Code V | (A) | | Exercis | sable | Date | Title | of Shares | | | | |

Reporting Owners

| Describer Occurs Name / Address | Relationships | | | | | | |
|--|---------------|--------------------|-----|-------|--|--|--|
| Reporting Owner Name / Address | Director | Director 10% Owner | | Other | | | |
| HEYWARD ANDREW A 301 N. CANON DRIVE SUITE 305 BEVERLY HILLS, CA 90210 | X | X | CEO | | | | |

Signatures

| /s/ Andrew A. Heyward | 09/15/2015 |
|---------------------------------|------------|
| **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) Represents shares of Common Stock held by the Heyward Living Trust, over which the Reporting Person holds voting and dispositive power.

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.