FORM 4

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

OMB APPROVAL				
DMB Number:	3235-0287			
Estimated averag	je burden			
ours per respon	se 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

	pe Response															
Name and Address of Reporting Person * Muscari Carl				2. Issuer Name and Ticker or Trading Symbol CollabRx, Inc. [CLRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 44 MONTGOMERY STREET, SUITE 800				3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023					•		(give title belo	w)	Other (specify b	elow)		
(Street) SAN FRANCISCO, CA 94104			4. If	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 Acqu				Acqui	red, Dispo	osed of, or l	Beneficially	Owned			
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Deemed cution Date, it	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	ly Owned Following Γransaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	irect (Instr. 4)	
Common	Stock, par	value	11/15/2013			P		1,300	A	\$ 3.85	14,571			D		
\$0.01 per		senarate line f	for each class of	ecurities	heneficially	owned dire	etly o	r								
		separate line f	or each class of				Pers cont the f	ons wh ained in orm dis	this fo plays a	rm are curre	e not req	uired to re d OMB cor	formation spond un trol numb	less	EC 1474 (9- 02)	
Reminder:		separate line f		- Deriva	s beneficially of the security outs, calls, wa	es Acquir	Pers cont the f	ons who ained in orm dis	this fo plays a f, or Ber	rm are curre reficial	e not required in the notice of the notice o	uired to re d OMB cor	spond un	less	,	
Reminder:	Report on a 2. Conversion	3. Transactio	Table II	- Deriva (e.g., p ed Date, if	ative Securiti outs, calls, wa 4. Transaction Code	es Acquir arrants, op 5. Numbe	Pers cont the f ed, Di tions, r 6. D and e (Mo	ons who ained in orm dis sposed of convert ate Exercise Expiration	this for plays a f, or Ber ible secution Date	rm are curre neficial rities) 7. T Amo Und Secu	e not required in the notice of the notice o	uired to red OMB cor	spond un	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nature of Indire Beneficio Owners! (Instr. 4)	

Reporting Owners

Donating Community (Addition	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Muscari Carl 44 MONTGOMERY STREET, SUITE 800 SAN FRANCISCO, CA 94104	X					

Signatures

/s/ Carl Muscari	11/20/2013
**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.