

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 Responses)

1. Name and Address of Reporting Person * Vidwans Smruti J.	2. Date of Event Requiring Statement (Month/Day/Year) 04/02/2015	3. Issuer Name and Ticker or Trading Symbol CollabRx, Inc. [CLRX]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) VP and Chief Science Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Last) (First) (Middle) 44 MONTGOMERY ST, STE 800		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
(Street) SAN FRANCISCO, CA 94104			
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned		

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Restricted Stock Unit Award	(1)	01/01/2023	Common Stock	10,000	\$ 0	D	
Employee Stock Option	(2)	07/03/2024	Common Stock	12,000	\$ 1.99	D	
Employee Stock Option	(3)	12/08/2024	Common Stock	10,000	\$ 0.75	D	
Employee Stock Option	(4)	07/12/2022	Common Stock	30,000	\$ 3.94	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Vidwans Smruti J. 44 MONTGOMERY ST, STE 800 SAN FRANCISCO, CA 94104			VP and Chief Science Officer	

Signatures

/s/ Thomas R. Mika by Power of Attorney		04/07/2015
Signature of Reporting Person		Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) The Reporting Person received 10,000 shares of the company's common stock. All 10,000 shares vested on January 1, 2015 and all shares were distributed to the reporting person.

The Option shall vest with respect to one-eighth or twelve and one-half percent (12.5%) of the total number of Shares subject to the Option on each of the first days of the last month of each fiscal quarter following the Vesting Commencement Date, subject to Participant's continued status as an employee on each applicable vesting date, such that all Shares subject to the Option shall be fully vested by June 1, 2016.

(3) Beginning date exercisable is July 16, 2015 (or earlier, subject to certain conditions)

10% of the total number of shares subject to the option vested on July 12, 2012, 15% of the total number of shares subject to the option vested on July 12, 2013, and 1/48th of the total number of shares subject to the option shall vest on the last day of each month thereafter.

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.