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

(Print or Type Responses)										
1. Name and Address of Reporting Po Wolfe Daniel B	2. Issuer Name and Ticker or Trading Symbol HARRIS & HARRIS GROUP INC /NY/ [TINY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
1450 BROADWAY, FLOOR 2	3. Date of Earliest Transaction (Month/Day/Year) 12/23/2016						X_Officer (give title below) Other (specify below) President			
(Street) NEW YORK, NY 10018		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					s Acqui	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	12/23/2016		Р		100	А	\$ 1.275	135,251	D	
Common Stock	12/23/2016		Р		900	А	\$ 1.289	136,151	D	
Common Stock	12/27/2016		Р		1,500	А	\$ 1.264	137,651	D	
Common Stock	12/27/2016		Р		1,500	А	\$ 1.265	139,151	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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	4,	5. Nui	nber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on o	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	I	Deriva	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	Securi	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				I	Acqui	red			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(	(A) or	·			4)			Following	Direct (D)	
					I	Dispo	sed						Reported	or Indirect	
					C	of (D)							Transaction(s)	(I)	
					`	Instr.							(Instr. 4)	(Instr. 4)	
					4	4, and	5)								
											Amount				
								Date	Evaluation		or				
								Exercisable	Expiration Data	Title	Number				
								Exercisable	Date		of				
				Code V	V	(A)	(D)				Shares				

## **Reporting Owners**

Dentity Open New (Add	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Wolfe Daniel B 1450 BROADWAY FLOOR 24 NEW YORK, NY 10018			President					

# Signatures

Daniel B. Wolfe	12/27/2016
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.