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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	ge burden
nours per respon	nse 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

1. Name and Address of Reporting Person * Alexander Bill			2. Issuer Name and Ticker or Trading Symbol Ideal Power Inc. [IPWR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 4120 FREIDRICH LANE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016				X Officer (give title below) Other (specify below)  Chief Technology Officer				
(Street) AUSTIN, TX 78744			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				ired, Disposed of, or Beneficially Owned				
2. Transaction Date (Month/Day/Year)	any	e, if Code (Instr.	f Code (Instr. 8)				Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership of Form:	7. Nature of Indirect Beneficial
	(Month/Day/ Y		le V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership Instr. 4)
05/19/2016		S		8,000	11)		396,996		]	D	
For each class of secu	urities beneficia	lly owned	Per	rsons wh							EC 1474 (9-
			the	form dis	splays a of, or Ben	curre	ntly valid	d OMB cor	•		02)
3. Transaction 3A. Deemed Execution Date Execution Date any	4. 5. N Transaction of Code Der Year) (Instr. 8) Sec Acc (A) Dis		5. Number 6. Da and F Derivative (Mor Securities Acquired (A) or Disposed of (D) (Instr. 3,		Expiration Date Auth/Day/Year) USG		Title and mount of inderlying curities		Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivativ Security: Direct (D or Indirect	Ownership (Instr. 4) ct
			Da Ex	ite ercisable	Expiration Date	on Title	Amount or Number of				
	(Middle) TE 100  (Zip)  2. Transaction Date (Month/Day/Year)  05/19/2016  Table II - I (n 3A. Deemed Execution Date (Execution Date)	Ideal Power  (Middle) 3. Date of Ear 05/19/2016  4. If Amendm  (Zip)  2. Transaction Date (Month/Day/Year)  05/19/2016  Table II - Derivative Securities benefician  Table II - Derivative Securities benefician	Ideal Power Inc. [IPW   3. Date of Earliest Transa   05/19/2016   4. If Amendment, Date O   2A. Deemed   3. Transaction Date   (Month/Day/Year)   2A. Deemed   3. Transaction Date   (Month/Day/Year)   Code   (Instr. Ode   Code   Cod	Ideal Power Inc. [IPWR]	Ideal Power Inc. [IPWR]	Ideal Power Inc. [IPWR]   3. Date of Earliest Transaction (Month/Day/Year)   05/19/2016   4. If Amendment, Date Original Filed(Month/Day/Year)   2A. Deemed Execution Date (Month/Day/Year)   3. Transaction   4. Securities Accurate (A) or Disposed (Instr. 8) (Instr. 3, 4 and 5)   (Month/Day/Year)   (Month/Day/Year)   Code V Amount (D)   O5/19/2016   S 8,000 D   O5/19/2016   O5/19/201	Ideal Power Inc. [IPWR]   3. Date of Earliest Transaction (Month/Day/Year)   05/19/2016   4. If Amendment, Date Original Filed(Month/Day/Year)   1.	Ideal Power Inc. [IPWR]   X_ Direct   X_ Office   X_	Ideal Power Inc. [IPWR]	Ideal Power Inc. [IPWR]	Ideal Power Inc. [IPWR]   Check all applicable   10% Owner   10%

	Donation Community (Addition	Relationships				
	Reporting Owner Name / Address		10% Owner	Officer	Other	
41	lexander Bill 20 FREIDRICH LANE, SUITE 100 USTIN, TX 78744	X		Chief Technology Officer		

## **Signatures**

/s/ Bill Alexander	05/20/2016
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.