FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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hours per response:	0.5							

## **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

DATEL CLININIV		Date of Event Retement (Month/l		3. Issuer Name and Ticker or Trading Symbol  CEMTREX INC [ CETX ]							
(Last) 19 ENGINEER (Street) FARMINGDAI		(Middle)  11730  (Zip)				tionship of Reporting Person(s all applicable) Director Officer (give title below)	s) to Issuer  10% Owner  Other (specification)		(Monti	th/Day/Year) ividual or Joint/cable Line) Form filed by	e of Original Filed  Group Filing (Check  One Reporting Person  More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			-		nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						6,722	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)  Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securities Derivative Security (Instr. 4)		Underlying	4. Convers	sion   f	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security		Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Sunny Patel

03/07/2017

\*\* Signature of Reporting Person

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).