F	ORM	5
	Check this box if no	longer

Г

Reported

	Check this box if no longer	
	subject to Section 16. Form 4	
	or Form 5 obligations may	A
	continue. See Instruction 1(b).	
	Form 3 Holdings Reported	
-	Form 4 Transactions	

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES hours per response..

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 <sup>*</sup> – Hoffman Joseph B.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Data Storage Corp [DTST]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last)	(First)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) . 12/31/2015			Officer (give title below) Officer (give title below)	ther (specify belo	ow)		
C/O DATA STOR	AGE CORPORA	ATION, 48								
SOUTH SERVICE	ROAD, SUITE	203								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Reporting (check applicable line)				
MELVILLE, NY 11747							_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	ĩ	ſable I - Non-De	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	4. Securi (A) or Di (Instr. 3, Amount	isposed o	of (D)	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership

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** SEC 2270 (9-02) **not required to respond unless the form displays a currently valid OMB control number**.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Numb	er	6. Date Exercis	sable and	7. Title and	Amount	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of Derivative Expiration Date		of Underlying Derivativ		Derivative	of	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	Securities (Month/Day/Year)		Securities Security		Security	Derivative	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	cquired (A)		(Instr. 3 and 4) (Instr.		(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				or Dispos	sed						Beneficially	Security:	(Instr. 4)
	Security				of (D)								Direct (D)	
					(Instr. 3,	4,							or Indirect	
					and 5)								(I)	
										Amount		Fiscal Year	(Instr. 4)	
							Date	Expiration		or		(Instr. 4)		
							Exercisable	Date	Title	Number				
							Excicisuole	Dute		of				
					(A)	(D)				Shares				
Stock					66,666				Common	66,666				
Options	\$ 0.35	12/22/2015		A	<u>(1)</u>		12/22/2016	12/21/2025	Stock	(1)	\$ 0.35	66,666 <del>(1)</del>	D	
options									STOCK	<u> 11</u>				

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Hoffman Joseph B. C/O DATA STORAGE CORPORATION 48 SOUTH SERVICE ROAD, SUITE 203 MELVILLE, NY 11747	Х					

### Signatures

/s/ Joseph B. Hoffman	02/19/2020
**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).

(1) 22,222 of the options vested on December 22, 2016, 22,222 of the options vested on December 22, 2017, and the remaining 22,222 options vested on December 22, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.