FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | VAL       |
|---|------------------------|-----------|
|   | OMB Number:            | 3235-0287 |
| l | Estimated average burd | en        |
| l | hours per response:    | 0.5       |

|        | Check this box if no longer subject to |
|--------|--|
| $\neg$ | Section 16. Form 4 or Form 5           |
| $\neg$ | obligations may continue. See          |
|        | Instruction 1(b).                      |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|   |  |  |   |       | <u> </u>  |  | ,,, 00()  | 00 .  |                                    |                                     | ipariy Act   | 00   |               |   |   |   |   |  |               |   |  |  |  |  |
|---|--|--|---|-------|-----------|--|---|---|------------------------------------|-------------------------------------|--|--|---------------|---|---|---|---|--|---------------|---|--|--|--|--|
| 1. Name and Address of Reporting Person* <u>Cohen Fred M.</u> |  |  |   |       |           | 2. Issuer Name and Ticker or Trading Symbol Chicken Soup for the Soul Entertainment, Inc. [ CSSE ] |   |   |                                    |                                     |  |  |               |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner |   |   |  |               |   |  |  |  |  |
| (Last) (First) (Middle) C/O CHICKEN SOUP FOR THE SOUL         |  |  |   |       | 3. 🖸      | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017  |   |   |                                    |                                     |  |  |               |   |   | officer (<br>elow)  | (give title   |  | Other (below) | (specify  |  |  |  |  |
| ENTERTAINM<br>132 E. PUTNAM AVENUE, FLOOR 2W                  |  |  |   |       |           |  | If Amendment, Date of Original Filed (Month/Day/Year) |   |                                    |                                     |  |  |               |   |   |   | 6. Individual or Joint/Group Filing (Check Applicable Line)       |  |               |   |  |  |  |  |
| (Street) COS COB CT 06807 (City) (State) (Zip)                |  |  |   |       | -         |  |   |   |                                    |                                     |  |  |               |   |   | Form filed by One Reporting Person Form filed by More than One Reporting Person   |   |  |               |   |  |  |  |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |   |       |           |  |   |   |                                    |                                     |  |  |               |   |   |   |   |  |               |   |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Da    |  |  |   |       |           | Execu<br>ay/Year) if any   |   | a. Deemed<br>recution Date,<br>any<br>lonth/Day/Year) |                                    | Transaction Disp<br>Code (Instr. 5) |  | curities Acquired (A<br>osed Of (D) (Instr. 3, |               |   | nd Se<br>Be<br>Ov   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported   |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |  |
|   |  |  |   |       |           |  |   |   | Code                               | v                                   | Amount   |  | (A) or<br>(D) | Price   | Tra   | Transaction(s)<br>(Instr. 3 and 4)  |   |  |               | (111511.4)  |  |  |  |  |
| Class A common stock 11/17/                                   |  |  |   |       |           | 2017   |   | A   |                                    | 1,476                               | 5  | A  | \$8.          | 46  | 7,157   |   | D   |  |               |   |  |  |  |  |
| Class A common stock 05/17/                                   |  |  |   |       |           | 2018   |   | A   |                                    | 1,425                               |  | A  | \$8.          | 77  | 8,582   |   |   | D  |               |   |  |  |  |  |
|   |  | Та   | ble II - D                                    |       |           |  |   |   |                                    |                                     | sed of,<br>onvertib  |  |               |   | y Own   | ed  |   |  |               |   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date, | Code (Ins |  |   |   | 6. Date E<br>Expiratio<br>(Month/D | n Date                              | Amount of Securities Underlying Derivative Security (Instrant 4) |  | ount          | 8. Price<br>Derivati<br>Security<br>(Instr. 5 | ve de<br>Se<br>Be<br>Or<br>Fe<br>Re   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |               |   |  |  |  |  |
|   |  |  |   |       | Code      |  |   | Date<br>Exercisa                                      | Expiration<br>ble Date             |                                     | Title  | Number<br>of<br>itle Shares                    |               |   |   |   |   |  |               |   |  |  |  |  |

Explanation of Responses:

Remarks:

/s/ Fred Cohen

05/17/2018

\*\* Signature of Reporting Person

Date

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

- \* 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.

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.