FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1									
	OMB APPROVAL								
	OMB Number: 3235-0								
	Estimated average burden								
	hours per response:	0.5							

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*  Dekom Peter J.  2. Date of E Requiring S (Month/Day 08/17/201				nent	3. Issuer Name and Ticker or Trading Symbol Chicken Soup for the Soul Entertainment, Inc. [ CSSE ]							
(Last) 132 E. PUTN	(First) AM AVENUE	(Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
FLOOR 2W						Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) COS COB	СТ	06807							X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A common stock						2,083	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 and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securiti Underlying Derivative Security				rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

/s/ Peter J. Dekom

08/17/2017

\*\* 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 5 (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.