

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPRO | VAL |
|-------------------|-------|
| OMB | 3235- |
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| response | 0.5 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | | |
|---|-----------------------------|--|------------------|--|---|---|---|--|--|
| 1. Name and Address of Reporting Person *- Lahti Joseph J | Staten (Mont | 2. Date of Event Require Statement (Month/Day/Year) 10/04/2017 | | Requiring 3. Issuer Name and Ticker or Trading Symbol Black Ridge Acquisition Corp. [BRAC] | | | | | |
| (Last) (First) (Midd 110 NORTH 5TH STREET, SUITE 410 | lle) | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) MINNEAPOLIS, MN 55403 | | | | Officer (gi | | 6. Indiv Filing(C _X_Form | Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | |
| (City) (State) (Zi | p) | Tal | ble I | - Non-Derivati | ve Securities | Beneficially | y Owned | | |
| 1. Title of Security (Instr. 4) | | Ber | | nt of Securities Ily Owned | | Ownership | direct Beneficial | | |
| | o respond t I to respond | o the colle I unless th | ectioi ne foi | n of informatior rm displays a cu | n contained ir urrently valid | this form ar OMB contro | 1 | | |
| 1. Title of Derivative Security 2. Da (Instr. 4) and E | | nte Exercisable Expiration Date h/Day/Year) | | tle and Amount of rities Underlying vative Security r. 4) | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | Date Exercisable | Expiration Date | Title | Amount or Numb of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) | | | |
| D | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Lahti Joseph J 110 NORTH 5TH STREET, SUITE 410 MINNEAPOLIS, MN 55403 | X | | | | |

Signatures

| /s/ Joseph Lahti | 10/04/2017 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- * 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.

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.