longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response...

STATEMENT OF CHANGES IN 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

)													
1. Name and Address of Reporting Person* Collins Peter F (Last) (First) (Middle) C/O VERITONE, INC., 3366 VIA LIDO			Issuer Name and Ticker or Trading Symbol Veritone, Inc. [VERI] Date of Earliest Transaction (Month/Day/Year) 05/11/2017						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Senior VP and CFO				
(State)	(Zip)			Tal	ble I	- Non-Deri	vative Securitie	s Acquired,	Disposed	of, or Benef	ficially Own	ed	
	2. Transaction Date (Month/Day/Year)	Execution any	on D	ate, if Co (In	Tranode	8) (I	Securities Acqu A) or Disposed onstr. 3, 4 and 5)	nired 5. An Own Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownership Form: Direct (D) or Indirect (I)		6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership	
*****	3A. Deemed Execution Date, if	4. Transac Code	tion	5. Numb of Deriva Securitie Acquired	er ative s d (A)	a currel nired, Disponential of the continuous of the current of t	esed of, or Bene- envertible securions and ercisable and Date	ficially Own ties) 7. Title and of Underly Securities	ntrol number. Ily Owned		Beneficial Ownershi (Instr. 4)		
		Code	V	(Instr. 3, and 5)	4, (D)		Expiration Date	Title	Amount or Number of Shares		Reported Transaction (Instr. 4)	or Indire (I) (Instr. 4)	
		A		12,000		(1)	05/10/2027	Common	12,000	\$ 0	12,000	D	
	(First) NC., 3366 VIA L (Street) H, CA 92663 (State)	(First) (Middle) NC., 3366 VIA LIDO (Street) H, CA 92663 (State) (Zip) 2. Transaction Date (Month/Day/Year) eparate line for each class of securities b Table II - 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	(First) (Middle) 3. Date of 05/11/2 (Street) 4. If Ame H, CA 92663 (State) 2. Transaction Date (Month/Day/Year) 2A. Dee Execution any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) (Instr. 8	Veritone, Ir (First) (Middle) NC., 3366 VIA LIDO (Street) 4. If Amendm H, CA 92663 (State) (Zip) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Table II - Derivative Sec. (e.g., puts, case) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	Veritone, Inc. [VEI (First) (Middle) NC., 3366 VIA LIDO (Street) 4. If Amendment, Date H, CA 92663 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, warration) Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Instr. 8) 4. S. Numb Code Securities (Instr. 8) Acquirec or Dispo of (D) (Instr. 3, and 5)	Veritone, Inc. [VERI] (First) (Middle) NC., 3366 VIA LIDO (Street) 4. If Amendment, Date Oright, CA 92663 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Paparate line for each class of securities beneficially owned directly of Date (Month/Day/Year) Table II - Derivative Securities Acquestion Date (e.g., puts, calls, warrants, and Date (Month/Day/Year) 3. Transaction Date (e.g., puts, calls, warrants, and Some of Derivative Securities Acquestion Date (Instr. 8) (Month/Day/Year) 5. Number Of Derivative Securities Acquestion Date (Instr. 8) (Month/Day/Year) 6. Number Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Veritone, Inc. [VERI] (First) (Middle) (D5/11/2017 (Street) 4. If Amendment, Date Original Filed(Mc (D5/11/2017) 4. If Amendment, Date Original Filed(Mc (D5/11/2017)) (Street) 2. Transaction (Month/Day/Year) 2. Transaction (Date (Month/Day/Year)) 2. Transaction (Month/Day/Year) 2. Date (Month/Day/Year) 2. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 3. Transaction (Month/Day/Year) 4. If Amendment, Date (Instr. 8) (I	Veritone, Inc. [VERI] (First) (Middle) (Street) 3. Date of Earliest Transaction (Month/Day/Year) (05/11/2017 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) H, CA 92663 (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. S. 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Famendment, Date Original Filed(Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Following Reported (Instr. 8) (Month/Day/Year) (Month/Day/Year) (A) or Disposed of (D) (Instr. 3 and 4) Persons who respond to the collection of information contain in this form are not required to respond unless the form displate and Execution Date, if Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction (Exe. puts, calls, warrants, options, convertible securities) (Month/Day/Year) (Month/Day/Year	Veritone, Inc. [VERI] Director Check all applicable

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Collins Peter F C/O VERITONE, INC. 3366 VIA LIDO NEWPORT BEACH, CA 92663			Senior VP and CFO			

Signatures

/s/ Ellen S. Bancroft, Attorney-in-Fact	05/15/2017
**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).
- 25% of the shares of common stock subject to the option will vest upon completion of 12 months of continuous service by the Reporting Person, and 1/48 of the shares subject to the option (1) 25% of the snares of common stock subject to the property will vest for each full month of continuous service thereafter.

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.