FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
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	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*  RAVEN JOHN  2. Date of Event Requiring Statement (Month/Day/Year) 01/20/2016				nent	3. Issuer Name and Ticker or Trading Symbol Newtek Business Services Corp. [ NEWT ]							
(Last) 212 WEST 35	(First) TH STREET	(Middle)				tionship of Reporting Perso all applicable) Director	10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
2ND FLOOR					X	Officer (give title below)  Chief Info. Security	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NEW YORK	NY	10016				Chief into. Security	Officer		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)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock						0	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 a Expiration Date (Month/Day/Year)			ate	d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Or Exe		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

01/21/2016 John Raven

\*\* 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.