

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours per respons | e 0.5 | | | | |

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

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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | |
|--|-------------|----------------------|--------------------------|--|------------------------------------|--------------------|-------|-------------------|--------------------|-----------|---|--|--|---------------------------------------|--|
| Name and Address of Reporting Person * Dubois Guy | | | | 2. Issuer Name and Ticker or Trading Symbol SecureAlert, Inc. [SCRA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| C/O POLLEKE III, SEESTRASSE 227 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2014 | | | | | | | X Officer (give title below) Other (specify below) Member of Executive Committee | | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | ar) | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | ERG, V8 8 | 3802 | | | | | | | | | Form med | by More man O | ne Reporting Perso. | | |
| (City | i) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | |] | Date (Month/Day/Year) | any | Deemed cution Date, in th/Day/Year | e, if Co | | · / | | ed of (D) | Beneficially | of Securities y Owned Fol ransaction(s) | lowing C | Ownership Form: | 7. Nature of Indirect Beneficial Ownership |
| | | | | (Working De | .y, 1 | | Code | · V A | mount (A) | | , | | (I | r Indirect (| Instr. 4) |
| Reminder: | Report on a | separate line for ea | ach class of securition | es benefici | ally | owned o | direc | Persor contail | s who res | form are | not requi | ion of info red to resp s control no | ond unless | | 474 (9-02) |
| | | | Table II - D (e | | | | | | osed of, or l | | ly Owned | | | | |
| Derivative Security (Instr. 3) | | | | , if Transaction of Code Derivat | | ties red sed 3, 4, | | ation Date | on Date Amount | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisab | Expiration le Date | n Title | Amoun or Numbe of Shares | | | | |
| Warrants (1) | \$ 18.75 | 04/01/2014 | | A | | 2,432 | | (1) | (1) | Comm | | \$ 0 | 2,432 | D | |

Reporting Owners

| B # 0 N /411 | Relationships | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Dubois Guy C/O POLLEKE III, SEESTRASSE 227 KILCHBERG, V8 8802 | X | | Member of Executive Committee | | | | |

Signatures

| /s/ Guy Dubois | 04/07/2014 |
|---------------------------------|------------|
| **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).
- (1) The warrants were granted to pay director fees accrued from January 1, 2014, through March 31, 2014. The warrants are immediately exercisable and expire on March 31, 2016.

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.