1. Name and Address of Reporting Person

Waldron John P

( Last) (First) (Middle)

C/O LIFEWAY FOODS, INC.

6431 W. OAKTON STREET

(Morten) IL 60053

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

12/14/2015

3. Issuer Name and Ticker or Trading Symbol

LIFEWAY FOODS INC [ LWAY ]

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director

Officer (give title below)

Chief Financial officer

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)
2. Amount of Securities Beneficially Owned (Instr. 4)
3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
4. Nature of Indirect Beneficial Ownership (Instr. 5)

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)
3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)
4. Conversion or Exercise Price of Derivative Security
5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:

Remarks:
No securities are beneficially owned.

/s/ John P. Waldron 12/21/2015
** 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).

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.