

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPRO	VAL			
OMB	3235-			
Number:	0104			
Estimated average				
burden hours pei	٢			
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

(Print or Type Responses)							
1. Name and Address of Reporting Person *-	2. Date of Event Requiring Statement		~	3. Issuer Name and Ticker or Trading Symbol Insynergy Products, Inc [ISYG]			
Lang Sanford	(Month/Day/Y	ear)		,	[]		
(Last) (First) (Middle) 4705 LAUREL CANYON BLVD., SUITE 205	06/08/2012		Person(s) to Is	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		nendment, Date Original onth/Day/Year)	
(Street) STUDIO CITY 91607, CA 9160	7		X Officer (given title below)		specify 6. Individual Filing(Cincton)  T	idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)	7	Γable I	- Non-Derivativ	ve Securitie	s Beneficially	y Owned	
1.Title of Security (Instr. 4)	I		lly Owned		Ownership	direct Beneficial	
Common Stock	8	3,101,32	20	D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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 control number.							
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. Tit Secur	tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate Expirati xercisable Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Donauting Oxynaus							

#### **Reporting Owners**

Reporting Owner Name / Address		Relationships			
		10% Owner	Officer	Other	
Lang Sanford					
4705 LAUREL CANYON BLVD., SUITE 205	X		Chief Executive Officer		
STUDIO CITY 91607, CA 91607					

## Signatures

/s/ Sanford A. Lang	02/12/2014
Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.