# **FORM ADV**

#### LINIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Prir	mary Business Name: BODMAS CAPITA	L MANAGEMENT, LLC			CRD Number: 132376		
Sta	te ERA Final - All Sections				Rev. 10/2012		
9/2	27/2016 12:17:16 PM						
W	ARNING: Complete this form truthfully.	False statements or om	issions may result in de	nial of your application, revocation of your	registration, or criminal		
l ter	prosecution. You must keep th m 1 Identifying Information	is form updated by filin	g periodic amendments.	See Form ADV General Instruction 4.	-		
	sponses to this Item tell us who you are	where you are doing l	ousiness, and how we c	an contact you			
Α.	Your full legal name (if you are a sole p						
Λ.	BODMAS CAPITAL MANAGEMENT, LL		st, and middle names).				
B.	Name under which you primarily conduct your advisory business, if different from Item 1.A.:  BODMAS CAPITAL MANAGEMENT, LLC						
	List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.						
C.	If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of your legal name or your primary business name:						
D.	(1) If you are registered with the SEC as an investment adviser, your SEC file number:						
	(2) If you report to the SEC as an exempt reporting adviser, your SEC file number:						
E.	If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 132376						
	If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.						
F.	Principal Office and Place of Business						
	<ul><li>(1) Address (do not use a P.O. Box):</li><li>Number and Street 1:</li><li>275 BATTERY STREET</li></ul>		Number and Str SUITE 2600	reet 2:			
	City: SAN FRANCISCO	State: California	Country: United States	ZIP+4/Postal Code: 94111			
	If this address is a private residen	ce, check this box:					
	List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest five offices in terms of numbers of employees.						
	(2) Days of week that you normally conduct business at your <i>principal office and place of business:</i> • Monday - Friday • Other:						
	Normal business hours at this local 9:00 A.M 5:00 P.M.  (3) Telephone number at this location (415) 738-0523						
	(4) Facsimile number at this location: (415) 449-3436						
G.	Mailing address, if different from your principal office and place of business address:						
	Number and Street 1:		Number and Street	2:			
	City: State:		Country:	ZIP+4/Postal Code:			
	If this address is a private residence,	check this box:					
Н.	If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.F.:						
	Number and Street 1:		Number and Street	2:			
	City: State:		Country:	ZIP+4/Postal Code:			

I. Do you have one or more websites?

Yes No

	published on the web, you	may list the portal without lis		erves as a portal through which to access other information y per information. Some advisers may need to list more than or Item.				
J.	Provide the name and contact information of your Chief Compliance Officer: If you are an <i>exempt reporting adviser</i> , you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.							
	Name:	, <i>y</i>	Other titles, if any					
	Telephone number:		· ·	Facsimile number:				
	Number and Street 1:		Number and Stree					
	City:	State:	Country:	ZIP+4/Postal Code:				
	Electronic mail (e-mail) ac	ddress, if Chief Compliance C	Officer has one:					
K.	Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.							
	Name:		Titles:					
	Telephone number:		Facsimile number:					
	Number and Street 1:		Number and Stree	† 2·				
	City:	State:	Country:	ZIP+4/Postal Code:				
			, and the second second					
	Electronic mail (e-mail) ad	ddress, if contact person has	s one:					
					Yes	No		
L.	•	all of the books and records our <i>principal office and place o</i>	•	er Section 204 of the Advisers Act, or similar state law,	0	•		
	If "yes," complete Section 1	1.L. of Schedule D.						
N/I	Are you registered with a	foreign financial regulatory au	uthority?		Yes			
IVI.	Are you registered with a	Toreign iniancial regulatory ac	atriority:		0	⊙		
		registered with a foreign final s," complete Section 1.M. of S		if you have an affiliate that is registered with a foreign finance				
N.	Are you a public reporting	company under Sections 12	or 15(d) of the Securities Evo	hange Act of 103/2	Yes			
IV.						•		
	If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company):					No		
Ο.	Did you have \$1 billion or more in assets on the last day of your most recent fiscal year?					•		
					_			
Р.	Provide your <i>Legal Entity Id</i>	dentifier if you have one:						
	A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. In the first half of 2011, the legal entity identifier standard was still in development. You may not have a legal entity identifier.							
SEC	CTION 1.B. Other Business	Names						
			No Information File	d				
SEC	CTION 1.F. Other Offices							
020								
			No Information File	d 				
SEC	CTION 1.I. Website Address	ses						
Lis	st your website addresses. Y	You must complete a separa	ite Schedule D Section 1.I. for	each website address.				
\\\\	ebsite Address: HTTP://W	MMM RODMASCADITAL COM						
vvt	CROILE MUUICOO. IIIIF.//W	** **. DODINIASOAFTIAL. COM						

SECTION 1.L. Location of Books and Records

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

No Information Filed

### **Execution Pages**

#### DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:

JAIDEEP S. SHAH

Printed Name:

JAIDEEP S. SHAH

Adviser *CRD* Number:

132376

Date: MM/DD/YYYY 09/23/2016

Title:

MANAGING DIRECTOR

### NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly,

upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a notice filing.

### 2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

## 3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

#### Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:	Date: MM/DD/YYYY
Printed Name:	Title:

Adviser CRD Number:

132376