

SINCERITY APPLIED MATERIALS HOLDINGS CORP.

Reported by
SLAKHORST ROBIN

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 07/29/15 for the Period Ending 07/22/15

| | |
|-------------|---|
| Address | C/O CKR LAW LLP 1330 AVENUE OF THE AMERICAS, 14TH FLOOR NEW YORK, NY, 10019 |
| Telephone | (212) 259-7300 |
| CIK | 0001532595 |
| Symbol | SINC |
| SIC Code | 2820 - Plastic Material, Synthetic Resin/Rubber, Cellulos (No Glass) |
| Industry | Holding Companies |
| Sector | Financials |
| Fiscal Year | 12/31 |

INITIAL STATEMENT OF 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

| | | |
|--|---|--|
| 1. Name and Address of Reporting Person * Slakhorst Robin | 2. Date of Event Requiring Statement (MM/DD/YYYY) 7/22/2015 | 3. Issuer Name and Ticker or Trading Symbol SYMBID CORP. [SBID] |
| (Last) (First) (Middle) C/O SYMBID CORP., MARCONISTRAAT 16 | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Secretary / <input type="checkbox"/> Other (specify below) | |
| (Street) 3029 AK ROTTERDAM, P7 3029 | 5. If Amendment, Date Original Filed (MM/DD/YYYY) | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |
| (City) (State) (Zip) | | |

Table I - Non-Derivative Securities Beneficially Owned

| | | | |
|--|---|--|---|
| 1. Title of Security (Instr. 4) Common Stock | 2. Amount of Securities Beneficially Owned (Instr. 4) 1494963 | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) D | 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 Derivate Security (Instr. 4) | 2. Date Exercisable and Expiration Date (MM/DD/YYYY) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Slakhorst Robin C/O SYMBID CORP., MARCONISTRAAT 16 3029 AK ROTTERDAM, P7 3029 | X | | Secretary | |

Signatures

/s/ **Robin Slakhorst**

7/29/2015

**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).

** 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 control number.