# FORM 4 Check this box if no

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

	OMB APPROVAL						
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Check this box if no 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 Type Re	esponses)															
1. Name and Address of Reporting Person – Mills Justin William III  (Last) (First) (Middle)  110 MASONS WAY  (Street)  NEWTOWN SQUARE, PA 19073				CCA INDUSTRIES INC [CAW]  3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X. Director 10% Owner						
												(give title be	elow)		cify below)	
										6. Individual or Joint/Group Filing(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						urities Acqui	lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea			ned 3. 7 n Date, if Coo (Ins		str. 8)		sed of (D)	5. Amount of Securi Owned Following R (Instr. 3 and 4)			ially 60 nsaction(s) 6 F	wnership of orm: Be irect (D) Indirect (In	Beneficial Ownership	
			Table I					Acquired, Dis	ntly valid ON posed of, or Be convertible sec	eneficially O						
Security (Instr. 3)	e Conversion Date Execution Date, if Transaction of		6. Date Exercisable and 7. Title and			ing Securities Do and 4) Se		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirec	O) ct					
			C	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title		Amount or Number of Shares				
NON- QUALIFIED STOCK OPTIONS	\$ 3.30	10/02/2017		A		75,000		10/02/2018	10/01/2022	CC INDUSTR COMM STO	IES,INC. MON	75,000	\$ 3.30	75,000	D	

### **Reporting Owners**

P. (1. 0. N. /AII	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mills Justin William III 110 MASONS WAY NEWTOWN SQUARE, PA 19073	X						

#### **Signatures**

/S/ JUSTIN WILLIAM MILLS III	10/05/2017
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).

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.