FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-OMB Number: 0104 Estimated av erage burden hours per 0.5 response:

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* WALSH FRANK E III	l '	g nt Day/Year)	3. Issuer Name and Ticker or Trading Symbol ACACIA RESEARCH CORP [ACTG]				
(Last) (First) (Middle) 520 NEW PORT CENTER DRIVE 12TH FLOOR (Street) NEW PORT BEACH CA 92660 (City) (State) (Zip)	04/01/2	U16	4. Relationship of Relissuer (Check all applicable X Director Officer (give title below)	e) 10% Oth	6 Owner 6 (ecify	Individual or Check Applicab X Form filed Reporting	Joint/Group Filing le Line) I by One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securiti Beneficially Owned (Instr. 4)	Owr Forn (D) o	nership n: Direct or rect (I)	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 Exerc Expiration Da (Month/Day/Y	ite	3. Title and Amount Securities Underlyi Derivative Security	ng	4. Conversion or Exercise	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Evaluation of Pasponsos:	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		

Explanation of Responses:

No securities are beneficially owned.

/s/ Frank E. Walsh, III 04/11/2016

** Signature of Reporting Date Person

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 Number.