

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

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### **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

(Print or Type Res	ponses)								
1. Name and Add TABIBI ALE	ress of Reporting F EXANDER	Person <sup>*</sup>	1 0		3. Issuer Name and Ticker or Trading Symbol MEDICAL TRANSCRIPTION BILLING, CORP [MTBC]				
(Last) 454 N KINGS	(First) ROAD	(Middle)	07/20/2014		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) LOS ANGELES, CA 90048					(Check all applicable) <u>X</u> _Director 10% Owner Officer (give title below) 0ther (specify 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 Beneficially Owned					
1.Title of Security (Instr. 4)	,			2. Amount of Sea Beneficially Own (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur (Instr. 5	e of Indirect Beneficial Ownership )	
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

nstr. 4)	and Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security		or Exercise Price of	Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	<b>X</b>	Amount or Number of Shares		(D) or Indirect (I) (Instr. 5)	

## **Reporting Owners**

Departing Owner Name /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
TABIBI ALEXANDER 454 N KINGS ROAD LOS ANGELES, CA 90048	Х				

### **Signatures**

/s/ Alexander Tabibi	07/29/2014	
**Signature of Reporting Person	Date	

# **Explanation of Responses:**

### No securities are beneficially owned

- \* 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.

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