FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 * Thiel Frederick G			2. Date of Event Re Statement (Month/ 04/24/2018	I	3. Issuer Name and Ticker or Trading Symbol Marathon Patent Group, Inc. [MARA]						
(Last) 1180 N. TOW (Street) LAS VEGAS (City)	(First) N CENTER DR NV (State)	(Middle) BIVE, SUITE 100 89144 (Zip)				tionship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner Other (spec		Applicable Line) X Form filed I	ate of Original Filed I/Group Filing (Check by One Reporting Person by More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
					nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
) / E			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Convers or Exerc	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivativ Security	[(

Explanation of Responses:

No securities are beneficially owned.

/s/ Fred Thiel

10/16/2018

** 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 Number.