# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO	VAL
OMB	3235-
Number:	0104
Estimated avera	ge
burden hours pe	r
response	0.5

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 Responses)										
1. Name and Address of Reporting Person * SANDERS BRET	2. Date of E Statement (Month/Day -04/17/201	/Year	Requiring 3. Issuer Name and Ticker or Trading Symbol JOINT Corp [JYNT]							
(Last) (First) (Middle) 16767 N. PERIMETER DR., STE 240			Person(s) to I	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)			
SCOTTSDALE, AZ 85260				Officer (gi		(specify	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)		Tak	ole I	- Non-Derivati	ve Securiti	es Ben	eficially	Owned		
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock	n Stock 5,420				D					
Reminder: Report on a separate line for  Persons who re not required to number.  Table II. Derivative Security	spond to the respond unle	colle ess th	ection ne for	n of informatior m displays a c	n contained urrently vali	in this	3 control			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisal and Expiration D (Month/Day/Year)		ole 3. Title ate Securitie		tle and Amount of rities Underlying vative Security		5. On Ow Se For De	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
_	te Expirercisable Date	ration	Title	Amount or Numl of Shares	Derivativ Security	Din or I (I)	curity: rect (D) Indirect str. 5)			
Reporting Owners										

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SANDERS BRET						
16767 N. PERIMETER DR.	X					
STE. 240	Λ					
SCOTTSDALE, AZ 85260						

## Signatures

/s/ Robin C. Friedman, Attorney-in-fact	04/22/2015
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* 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.

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.