FORM 3

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

Washington, D.C. 20549

OMB APPROVAL							
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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

Name and Address of Reporting Person*     Chen Zixiao		s s	Date of Event Rotatement (Month/	_ ' " .	3. Issuer Name and Ticker or Trading Symbol Interlink Plus, Inc. [ ITRK ]						
(Last) 4952 S. RAINB SUITE 326 (Street) LAS VEGAS (City)	(First) OW BLVD.  NV (State)	(Middle)  89118  (Zip)			4. Relationship of Reporting Person(s (Check all applicable)  Director X  Officer (give title below)	s) to Issuer 10% Owner Other (spec below)	ify	(Month/Day/Year)  6. Individual or Joint/ Applicable Line)  X Form filed by	Individual or Joint/Group Filing (Check plicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				. Amount of Securities leneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock				9,000,000	D						
Preferred Stock, Series A Convertable					1,000,000	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		Derivative Security (Instr. 4)	Amount	4. Convers or Exerc Price of Derivation	cise (D) or Indirect (I) ve (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title	Number of Shares					

**Explanation of Responses:** 

Zixiao Chen

03/25/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).