

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* <u>NLBDIT 2010 SERVICES, LLC</u> <hr/> (Last) (First) (Middle) C/O SUNRISE SECURITIES CORP. 600 LEXINGTON AVENUE, 23RD FLOOR <hr/> (Street) NEW YORK NY 10022 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/09/2013	3. Issuer Name and Ticker or Trading Symbol <u>Oneida Resources Corp. [ NONE ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially 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, par value \$.0001 per share(the "Common Stock")	5,000,000	D	
Common Stock	5,000,000	I	See Footnote <sup>(1)</sup>
Common Stock	5,000,000	I	See Footnote <sup>(2)</sup>

**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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>NLBDIT 2010 SERVICES, LLC</u> <hr/> (Last) (First) (Middle) C/O SUNRISE SECURITIES CORP. 600 LEXINGTON AVENUE, 23RD FLOOR <hr/> (Street) NEW YORK NY 10022 <hr/> (City) (State) (Zip)		

1. Name and Address of Reporting Person*		
<u>NATHAN LOW 2008 IRREVOCABLE TRUST</u>		
(Last)	(First)	(Middle)
C/O SUNRISE SECURITIES CORP. 600 LEXINGTON AVENUE, 23RD FLOOR		
(Street)		
NEW YORK	NY	10022
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>LOW NATHAN A</u>		
(Last)	(First)	(Middle)
C/O SUNRISE SECURITIES CORP. 600 LEXINGTON AVENUE, 23RD FLOOR		
(Street)		
NEW YORK	NY	10022
(City) (State) (Zip)		

**Explanation of Responses:**

1. Represents the shares of Common Stock owned of record by NLBDIT 2010 Services, LLC. ("NLBDIT Services") and beneficially by The Nathan Low 2008 Irrevocable Trust ("Low Trust"). The Low Trust owns 100% of the outstanding membership interests of NLBDIT Services and may be deemed to beneficially own the shares of Common Stock held of record by NLBDIT Services.
2. Represents the shares of Common Stock owned of record by NLBDIT Services and beneficially by Nathan A. Low. Mr. Low is the family trustee of the Low Trust and has voting and dispositive control over any securities owned of record or beneficially by the Low Trust. Therefore, Mr. Low may be deemed to beneficially own the shares of Common Stock held by NLBDIT Services.

<u>/s/ Nathan A. Low, Family Trustee of Sole Member</u>	<u>04/09/2013</u>
<u>/s/ Nathan A. Low, Family Trustee</u>	<u>04/09/2013</u>
<u>/s/ Nathan A. Low</u>	<u>04/09/2013</u>

\*\* 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.**