FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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* VECTOR GROUP LTD 2. Date of Event Requiring Statement (Month/Day/Year) 08/17/2012			nent 1	3. Issuer Name and Ticker or Trading Symbol MULTI SOFT II, INC [MSOF]						
(Last) (First) (Middle) 100 SE 2ND STREET					4. Relationship of Reporting Perso (Check all applicable) Director X	n(s) to Issue 10% Owne	[(5. If Amendment, Date of Original Filed (Month/Day/Year)		
32ND FLOOR					Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) MIAMI	FL	33131							y One Reporting Person y More than One erson	
(City)	(State)	(Zip)								
		T	able I - Non	-Derivati	ive Securities Beneficially	y Owned				
1. Title of Security (Instr. 4)					eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					666,433	D				
		(e.g			e Securities Beneficially (nts, options, convertible		s)			
Expir			2. Date Exerc Expiration Day/\ (Month/Day/\	ate	3. Title and Amount of Securit Underlying Derivative Securit		4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
						Amount	Derivativ	Direct (D) or Indirect		

Explanation of Responses:

/s/ J. Bryant Kirkland III, VP,

Treasurer and Chief Financial 08/17/2012

Officer

** Signature of Reporting Person

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.