FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* GUSTAFSON MARK					2. Issuer Name and Ticker or Trading Symbol Alzamend Neuro, Inc. [ALZN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 3500 LENOX RD NE, SUITE 1500				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022							Office	r (give title belo	ow)	Other (specify	below)		
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							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	ΓA, GA 30	(State)	(Zip)			To	hla I	- Nor	1-Da	rivativa	Securities	s Acan	irad Dien	nsed of or I	Ranaficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu any	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)			1 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership	7. Nature of Indirect Beneficial		
				(Mont			Cod	de	V	Amount	(A) or (D)	Price	(Instr. 3	str. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	
Common	Stock		03/31/2022				S			20,000	$D = \begin{bmatrix} \$ \\ 1 \end{bmatrix}$	\$ 1.2101	60,000			D	
Kellinder.	Report on a s	separate fine i		Deriva	ative Seco	uriti	ies Ac	quire	Person the	sons whatained in form disposed	no respo n this fo splays a of, or Be	orm are curre	e not requ	OMB conf	ormation spond unle trol numbe	ss	C 1474 (9-02
Security	le of 2. 3. Transaction 3A. Deemed Execution Date (Month/Day/Year) any		ate, if	4. Transacti Code	ion	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		tions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Date		7. T Am Und Sec (Ins 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	tive Owner (Instr. (D) rect		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GUSTAFSON MARK 3500 LENOX RD NE, SUITE 1500 ATLANTA, GA 30326	X					

Signatures

/s/ Mark Gustafson	04/04/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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.