

(Print or Type Responses)

1. Name and Address of Reporting Person\*

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per response 0				

### 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

McGrath Lynne Fahey			Statement (Month/Day/Year) 06/14/2021		Alzamend Neu	Alzamend Neuro, Inc. [ALZN]			
(Last) 3802 SPECTRUM SUITE 112C	` /	Middle)			Issuer	(Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)	
TAMPA, FL 3361	(Street)				Officer (give title	Officer (give title Other (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)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)			Ве	Amount or eneficially nstr. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indire (Instr. 5)	e of Indirect Beneficial Ownership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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 control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Title of Derivative Security (Instr. 4)		2. Date Exand Expir	Date Exercisable 3. Title a		and Amount of es Underlying Derivative	4. Conversion	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisab	Expiration Date	Title A	mount or Number of nares	Security	(D) or Indirect (I) (Instr. 5)		

# **Reporting Owners**

	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
McGrath Lynne Fahey 3802 SPECTRUM BOULEVARD, SUITE 112C TAMPA, FL 33612	X					

### **Signatures**

/s/ Lynne F. McGrath	06/14/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

### No securities are beneficially owned

- \* 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).

### Remarks:

No securities are beneficially owned.

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.