FORM	4
------	---

(Drint or Type P

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of Reg Woo Andrew H.	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) 3802 SPECTRUM BO	(First) ULEVARD, SU	TRANSPORT A A A A A	3. Date of Earliest Transaction (Month/Day/Year) 07/14/2021					Officer (give title below)Oth	er (specify belo	w)	
TAMPA, FL 33612	4	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)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security (Instr. 3) (Month/Day/Ye				(Instr. 8)	-	(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: 0f Indire Beneficia	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

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 Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		1	1 ()		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					-	r Disposed of							(Instr. 4)	
	Security					(D)							Direct (D)		
						(Instr. 3, 4	,				1	or Indirect			
						and 5)							Transaction(s)	· · /	
											Amount		(Instr. 4)	(Instr. 4)	
									Expiration	Title	or				
				a 1	* *	(1)		Exercisable	Date	11110	Number				
				Code	V	(A)	(D)				of Shares				
Restricted										G					
Stock	(1)	06/15/2021		Α		100.000		(2)	09/13/2024	Common	100,000	\$ 0	100,000	D	
Grant		00/10/2021				100,000			0,00,000	Stock	100,000	ψü	100,000	2	
-															
Stock															
Options	¢ 2 5	0.6/1.5/0001				200.000		(3)	00/10/2026	Common Stock	200.000	.	200.000	D	
(Right to	\$ 2.5	06/15/2021		A		300,000		(5)	09/12/2026	Stock	300,000	\$ 0	300,000	D	
Buy)										Stock					
Duy)															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Woo Andrew H. 3802 SPECTRUM BOULEVARD, SUITE 112C TAMPA, FL 33612	Х							

Signatures

/s/ Andrew H. Woo	07/16/2021
***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).

(1) Each restricted stock unit is the economic equivalent of one share of Common Stock, par value \$0.0001, of Alzamend Neuro, Inc.

(2) The restricted stock grant vest contemporaneously with the Options (as defined below).

(3) The stock options (the "Options") vest in 36 equal monthly installments commencing on September 13, 2021 and are exercisable upon vesting.

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.