## FORM 4

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

OMB APPR	ROVAL
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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

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)							
Oram Jeffrey			Alzamend Neuro, Inc. [ALZN]						(Check all applicable) _X_ Director10% Owner							
3802 SPECTRUM BOULEVARD, SUITE 112C			3. Date of Earliest Transaction (Month/Day/Year) 07/14/2021							Officer (give title below) Other (specify below)						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  Form filed by More than One Reporting Person					
TAMPA, FL 33612			(7in)													
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					uired,	ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year			Date, if Code (Instr		(4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owne Trans	Transaction(s) Form: Direct (D)		Ownership or Brorm:	Beneficial Ownership		
							Code	e V A	mount (A) c	ount (A) or Pric					I) Instr. 4)	
								in this f	s who respo orm are not	require	d to re	espond ur				174 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Table II  3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5. Number Derivative Securities Acquired or Dispose (D)	r of e (A) ed of	options, co 6. Date Ex Expiration (Month/Da		7. Ti	y Owne	Amount ng	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	of Indire Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	ttion	5. Number Derivative Securities Acquired or Dispose	r of e (A) ed of	options, co 6. Date Ex Expiration (Month/Da	sed of, or Bei	7. Ti	tle and nderlyin rities r. 3 and	Amount ng	Derivative Security	Derivative Securities Beneficially Owned	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	(e.g., pu 4. Transac Code (Instr. 8	tion I	5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	nired, Dispo options, co 6. Date Ex Expiration (Month/Da	sed of, or Bei	7. Title	tle and nderlyin rities r. 3 and	Amount or Number	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(	Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Oram Jeffrey 3802 SPECTRUM BOULEVARD, SUITE 112C TAMPA, FL 33612	X			

### **Signatures**

/s/ Jeffrey Oram	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.