FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL

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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

| (Finit of Type | Responses) | | | | | | | | | | | | | | | |
|--|---|------------------------|---|--|---|--|---|--|---|---|---|---|---------------------------------|---|---|--|
| 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_ Director10% Owner | | | | | |
| 3500 LEN | (Last) (First) (Middle) 500 LENOX RD NE, SUITE 1500 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022 | | | | | | - | Officer (give | title below) | Other | (specify below) | |
| (Street) | | | | 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 | | | | | |
| ATLANTA | A, GA 303 | 26 | | | | | | | | | | _ romi med by N | iore man one i | ceporting r erson | | |
| (City) | | (State) | (Zip) | | | T | Гable I - N | on-Deriv | ative So | ecurities | Acquire | ed, Disposed | of, or Benef | icially Owner | ı | |
| 1.Title of Sec (Instr. 3) | Instr. 3) Date | | 2. Transaction Date (Month/Day/Year | Execution any | | e, if | 3. Transac Code (Instr. 8) | (A | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | f (D) O Ti | 5. Amount of Securities Beneficiall Owned Following Reported Transaction(s) | | d C | ownership orm: | Beneficial |
| | | | (Month/Day/ | | ear) | Code | V Aı | mount | (A) or (D) | Price | nstr. 3 and 4) | | 0 | r Indirect (I | Ownership (Instr. 4) | |
| Common S | Stock | | 03/15/2022 | | | | M ⁽¹⁾ | 50 | 0,000 | A | \$ 0 80 | 0,000 | | Ι |) | |
| | eport on a sep | parate line for each o | class of securities b | eneficially | owned | d dire | ! | Persons in this fo | rm are | not re | quired t | o respond ι | | on containe form displa | | 174 (9-02) |
| | eport on a sep | parate line for each o | Table II - | Derivativ | e Secu | ıritie | i i es Acquire | Persons in this fo a curren | orm are tly vali | e not re id OMB or Benef | quired to control icially O | o respond ι number. | | | | 174 (9-02) |
| Reminder: Re | | | Table II - | Derivativ | e Secu | ıritie , war | es Acquire | Persons in this fo a curren ed, Dispos tions, con | orm are tly vali ed of, o vertible | e not re id OMB or Benef e securit | quired to control icially Ortics) | o respond u number. wned | inless the | form displa | ys - | , , |
| Reminder: Re | 2. Conversion | 3. Transaction | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., puts 4. Transact Code | re Secus, calls, of Scion of Official (I | Nun f Deri ecurit equir Disp | es Acquire rrants, opt mber 6. rivative ities (M posed 3, 4, | Persons in this for a current ed, Dispostions, con | orm are tly vali ed of, o vertible rcisable Date | e not re id OMB or Benef e securit | quired to control icially Ortics) | o respond unumber. wned and Amount rlying | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur p of Indire Beneficia Ownersh (Instr. 4) |
| Reminder: Re | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., puts 4. Transact Code | re Secus, calls, of Scion of Official (I | Nunf Dericecurit Cquiri Disp | es Acquire rrants, optimber 6. rivative Ex (N) posed 3, 4, | Persons in this for a curren ed, Dispos tions, con Date Exe expiration I | etly vali ed of, o vertible reisable Date v/Year) | e not re id OMB or Benef e securit | quired to control icially Ortics) 7. Title a of Under Securities | o respond unumber. wned and Amount rlying | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur p of Indire Beneficia Ownersh (Instr. 4) |

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 | 03/15/2022 |
|-------------------------------|------------|
| 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).
- (1) Represents the vesting of restricted stock.
- (2) Each restricted stock unit is the economic equivalent of one share of Common Stock, par value \$0.0001, of Alzamend Neuro, Inc.

(3) 2,778 and 47,222 restricted shares previously vested on September 13, 2021 and October 13, 2021, respectively, with the final 50,000 shares of restricted stock vesting on March 15, 2022.

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.