

ANNOVIS BIO, INC. Reported by MCGROARTY JEFFREY BRIAN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/05/20 for the Period Ending 01/31/20

Address 1055 WESTLAKES DRIVE, SUITE 300

BERWYN, PA, 19312

Telephone 610-727-3913

CIK 0001477845

Symbol ANVS

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



[] 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

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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

1. Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
McGroarty Jeffrey Brian						Annovis Bio, Inc. [ANVS]												
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner					
C/O ANNOVIS BIO, INC., 1055						1/31/2020								X_ Officer (give title below) Other (specify below) Chief Financial Officer				
WESTLAKI	ES DRIV	E, SUIT	TE 300)														
(Street)					4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							YY) 6. l	6. Individual or Joint/Group Filing (Check Applicable Line)				
BERWYN, PA 19312 (City) (State) (Zip)													_X	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table 1	I - No	n-Der	ivati	ive Secu	ırities Ac	quir	ed, Dis	sposed o	f, or	Benefic	ially Own	ed			
1.Title of Security (Instr. 3)			2. Trans. Date		e 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			Follow	5. Amount of Securit Following Reported (Instr. 3 and 4)		ties Beneficially Owned Transaction(s)		7. Nature of Indirect Beneficial Ownership	
								Code	V	Amour	(A) or (D)	Pric	ce					(Instr. 4)
Common Stock 1/31/2				1/31/2	51/2020			P		33333 (<u>1)</u> A	\$6.0	00	33333		D		
Common Stock 2/3/20:							P		19336	A	\$7.1	_		52669		D		
Common Stock 2/3/2020				020			P		164	A	\$7.1	17	52833		D			
	Tab	le II - De	rivative	Secu	rities	Bene	eficially	Owned (e.g.,	puts,	calls, wa	rran	ts, optic	ons, conve	rtible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date			Trans. nstr. 8)	Code 5. Numb Derivativ Acquired Disposed (Instr. 3,		e Securities (A) or of (D)		ate Exerc iration Da		Secur Deriv	le and Am ities Unde ative Secu . 3 and 4)	rlying		derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	v	(A)	(D)	Date Exer	e rcisable	Expiration , Date		Amount of Shares	or Number of		Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) The reporting person acquired these shares in the initial public offering of Annovis Bio, Inc.

Reporting Owners

Reporting Owners						
Reporting Owner Name / Address		R	elationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
McGroarty Jeffrey Brian						
C/O ANNOVIS BIO, INC.			Chief Financial Officer			
1055 WESTLAKES DRIVE, SUITE 300			Chief Financial Officer			
BERWYN, PA 19312						

Signatures

/s/ Jeffrey McGroarty 2/4/2020

**Signature of Reporting Person Date

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

- * 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.

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.