FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Sastry Ann Marie | | | | | Ame | 2. Issuer Name and Ticker or Trading Symbol Amesite Inc. [AMST] | | | | | | | | Relationship of Reporting Person (Check all applicable) X Director | | | | (s) to Issuer | | |
|--|---|------------------|---|-------------------|---------------------|---|---|-----|---|---------------|---|--------|---|--|--|--|--|--|---|--|
| (Last) C/O AMESITE | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2022 | | | | | | | | X | Officer (g below) CHIEF | give title EF EXECUTIV | | Other (below) | | |
| 607 SHELBY STREET, SUITE 700 PMB 214 | | | | | 4. If An | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DETROIT | MI | 48 | 226 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporti | | | | - 1 | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | action Day/Year) | Exe if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Beneficially (| | Owned Form or Inc | | Direct (D) rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) or (D) | | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock | | | | 12/01/2022 | | | | | P | | 20,000 | A | \$0.32 | 26(1) | 6,266,667 | | | I | Ann Marie Sastry Declaration of Trust dated January 24, 2002, as amended | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Security (Instr. 3) Or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution I if any (Month/Day | Date, Transaction | | | | | Expira (Month | tion Da | ear) Derivative Sec (Instr. 3 and 4) | | Jnderlyir Security i 4) Amou or | unt | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | ve es ally ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) (D) | | | (D) | Date Exerci | sable | Expiration Date | on Nur | | oer ares | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$0.316 to \$0.33. The reporting person undertakes to provide Amesite Inc., any security holder of Amesite Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

> 12/02/2022 /s/ Ann Marie Sastry

** 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 Number.