FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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## **INITIAL STATEMENT OF 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

Formal Charrie		2. Date of Event Restatement (Month/		3. Issuer Name and Ticker or Trading Symbol Amesite Inc. [ AMST ]							
(Last) C/O AMESITE 607 SHELBY S (Street) DETROIT (City)	(First) INC. ETREET, SUITE MI (State)	(Middle)				tionship of Reporting Person(s all applicable) Director Officer (give title below) Chief Financial C	10% Owner Other (spec below)	(M	If Amendment, Date of Original Filed Inth/Day/Year) Individual or Joint/Group Filing (Check oplicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
				nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable an Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4)  Conve		Conversion or Exercise	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	1 Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Sherrie Farrell 01/04/2023

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).