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

SCHEDULE 13G

UNDER THE SECURITIES EXCHANGE ACT OF 1934 (AMENDMENT NO. 3)

AKERS BIOSCIENCES, INC. (Name of Issuer)

COMMON STOCK, PAR VALUE \$0.001 (Title of Class of Securities)

00973E102 (CUSIP Number)

 $\label{eq:April 17, 2020} \text{(DATE OF EVENT WHICH REQUIRES FILING OF THIS STATEMENT)}$ 

Check the appropriate box to designate the rule pursuant to which this Schedule is filed: ⊠ Rule 13d-1(c)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

(Continued on following page(s))

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S.S. OR LR.S. IDENTIFICATION NO. OF ABOVE PERSON  Alpha Capital Anstalt  2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP:  (a)	CUSIP No. 00973E102		13G	Page 2 of 5 Pages
2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP:  (a) □ (b) □  3. SEC USE ONLY  4. CITIZENSHIP OR PLACE OF ORGANIZATION  Liechtenstein  5. SOLE VOTING POWER  200,000 Warrants (1)  NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON  7. SOLE DISPOSITIVE POWER  200,000 Warrants (1)  8. SHARED DISPOSITIVE POWER  None  9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  200,000 Warrants (1)  10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES □  11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  4.205% (1)  12. TYPE OF REPORTING PERSON	S.S. OR I.R.S. I	DENTIFICATION NO. OF ABOVE	PERSON	
(a)   (b)   3. SEC USE ONLY  4. CITIZENSHIP OR PLACE OF ORGANIZATION  Liechtenstein  5. SOLE VOTING POWER  200,000 Warrants (1)  NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON  PERSON  PERSON  9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  200,000 Warrants (1)  8. SHARED DISPOSITIVE POWER  None  9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  200,000 Warrants (1)  10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES   11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9  4.205% (1)  12. TYPE OF REPORTING PERSON			R OF A GROUP:	
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12. TYPE OF REPORTING PERSON	4 205% (1)			
СО		ORTING PERSON	_	_
	CO			
(1) Based on 4,755,407 Shares outstanding as reported on the Company's Form 8-K filed on April 17, 2020.				

ITEM 1 (a) NAME OF ISSUER: Akers Biosciences, Inc.

ITEM 1 (b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:

201 Grove Road, Thorofare, NJ 08086

ITEM 2 (a) NAME OF PERSON FILING: Alpha Capital Anstalt

ITEM 2 (b) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:

Lettstrasse 32, FL-9490 Vaduz, Furstentums, Liechtenstein

ITEM 2 (c) CITIZENSHIP: Liechtenstein

ITEM 2 (d) TITLE OF CLASS OF SECURITIES: Common Stock, par value \$0.001

ITEM 2 (e) CUSIP NUMBER: 00973E102

ITEM 3 IF THIS STATEMENT IS FILED PURSUANT TO RULE 13D-1(B) OR 13D-2(B): Not applicable

ITEM 4 OWNERSHIP

- (a) AMOUNT BENEFICIALLY OWNED: 200,000 Warrants (1)
- (b) PERCENT OF CLASS: 4.205% (1)
- (c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS:
  - (i) SOLE POWER TO VOTE OR DIRECT THE VOTE

200,000 Warrants (1)

(ii) SHARED POWER TO VOTE OR DIRECT THE VOTE

0 Shares

(iii) SOLE POWER TO DISPOSE OR TO DIRECT THE DISPOSITION OF

200,000 Warrants (1)

(iv) SHARED POWER TO DISPOSE OR TO DIRECT THE DISPOSITION OF

0 Shares

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ITEM 5 OWNERSHIP OF FIVE PERCENT OR LESS OF A	CLASS	
Alpha Capital Anstalt's ownership is now below 5%.		
ITEM 6 OWNERSHIP OF MORE THAN FIVE PERCENT C	N BEHALF OF ANOTHER PERSON	
Not applicable		
ITEM 7 IDENTIFICATION AND CLASSIFICATION OF THE HOLDING COMPANY	HE SUBSIDIARY WHICH ACQUIRED THE SECU	RITY BEING REPORTED ON BY THE PARENT
Not applicable		
ITEM 8 IDENTIFICATION AND CLASSIFICATION OF M	EMBERS OF A GROUP	
Not applicable		
ITEM 9 NOTICE OF DISSOLUTION OF GROUP		
Not applicable		

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	SIGNATURE	
After reasonable inquiry and to the best of my know	vledge and belief, I certify that the information set forth	in this statement is true, complete and correct.
	April 20	), 2020
	(Date)	
	/s/ Kom	rad Ackermann
	(Signatu	ire)
	Konrad	Ackermann, Director
	(Name/	Title)