

(Print or Type Responses)

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

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per respons	e 0.5			

### 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

Name and Address of Reporting Person * Benson Stuart M	2. Date of Event Requiring Statement (Month/Day/Year) 08/19/2020		3. Issuer Name and Ticker or Trading Symbol Akers Biosciences, Inc. [AKER]				
(Last) (First) (Middle) C/O AKERS BIOSCIENCES, INC.,, 20 GROVE ROAD		4. Relationship Issuer (Che			Filed(Mon	endment, Date Original th/Day/Year)	
THOROFARE, NJ 08086			X_ Officer (give tit	le 10% Owner Other (spec below) inancial Officer	6. Individ Applicable I _X_ Form fi	ual or Joint/Group Filing(Check Line) led by One Reporting Person led by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)		2. Amount of S Beneficially Ov (Instr. 4)	wned		4. Nature of Indire (Instr. 5)	ct Beneficial Ownership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title and A Securities Un Security (Instr. 4)		Amount of Inderlying Derivativ	or Exercise For Price of Derivative Sec	5. Ownership Form of Derivative Security: Direct	Ownership (Instr. 5)		
Date Exercis	Date Expira Exercisable Date	Title Amou Share	unt or Number of	Security	(D) or Indirect (I) (Instr. 5)		

## **Reporting Owners**

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Benson Stuart M C/O AKERS BIOSCIENCES, INC., 201 GROVE ROAD THOROFARE, NJ 08086			Chief Financial Officer	

# **Signatures**

/s/ Stuart M. Benson	08/31/2020
**Signature of Reporting Person	Date

## **Explanation of Responses:**

### No securities are beneficially owned

- If the form is filed by more than one reporting person, see Instruction 5(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.

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.