

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

| OMB APPROVAL | | | | | |
|---|-----------|--|--|--|--|
| OMB Number: | 3235-0104 | | | | |
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| nours per response | | | | | |

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

| (Print or Type Responses) | (Print or Type Responses) | | | | | | | |
|---|---|--|-----------------|---|---|---|--|--|
| 1. Name and Address of Reporting Person* RHODES IAN | 2. Date of Event Requiring Statement (Month/Day/Year) — 02/01/2021 | | | | | | | |
| (Last) (First) (Middle) C/O AKERS BIOSCIENCES, INC.,, 1185 AVENUE OF THE AMERICAS | | | Issuer (Check a | Issuer (Check all applicable) Director X Officer (give title Other (specify | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| NEW YORK, NY 10036 | | | | | Interim CFO | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| (City) (State) (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | | |
| Title of Security 2. Amount of Securities Beneficially Owned (Instr. 4) | | | ally Owned F | form: Direct (D) or Indirect | l. Nature of Indire Instr. 5) | ct Beneficial Ownership | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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) | | | | | | | | |
| (Instr. 4) | | | • | or Exercise For Price of Derivative Se | 5. Ownership Form of Derivative Security: Direct | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | (D) or Indirect (I) (Instr. 5) | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|-------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| RHODES IAN C/O AKERS BIOSCIENCES, INC., 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036 | | | Interim CFO | | | |

Signatures

| /s/ Ian Rhodes | 02/11/2021 |
|---------------------------------|------------|
| **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.