FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

1. Name and Address of Reporting Pers <u>Schroer John R.</u>	Requiring S (Month/Day	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Azitra Inc [AZTR]				
(Last) (First) (Middle) 21 BUSINESS PARK DRIVE	06/15/202		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give	Person(s) to 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) BRANFORD, CT 06405 (City) (State) (Zip)			title below)	below)	6	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			. Amount of Securities eneficially Owned (Instr.)			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 Exer Expiration D (Month/Day/	ate	3. Title and Amount of S Underlying Derivative So (Instr. 4)		4. Conversio or Exercis Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount Deriva	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ John Schroer

06/15/2023

** Signature of Reporting

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 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.

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.