FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 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 3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person Requiring Statement Azitra Inc [AZTR] **Staskey Norm** (Month/Day/Year) 06/15/2023 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original Filed (Month/Day/Year) (Last) (First) (Middle) (Check all applicable) 10% Owner Director 21 BUSINESS PARK DRIVE Officer (give Other (specify title below) below) 6. Individual or Joint/Group Filing (Street) Chief Financial Officer (Check Applicable Line) BRANFORD, CT 06405 Form filed by One Reporting Person Form filed 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 Securities 3. Ownership 4. Nature of Indirect Beneficial Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect 4) (I) (Instr. 5) **Table II - Derivative Securities Beneficially Owned** (e.g., puts, calls, warrants, options, convertible securities) 2. Date Exercisable and 1. Title of Derivative Security (Instr. 4) 3. Title and Amount of Securities 6. Nature of Ownership **Expiration Date** Underlying Derivative Security (Instr. 4) Conversion Indirect Beneficial (Month/Dav/Year) or Exercise Ownership (Instr. Form: Direct (D) Price of Amount Derivative or Indirect Security (I) (Instr. 5) Number

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Norm Staskey</u>

06/15/2023

** Signature of Reporting

of

Shares

Date

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

Date

Exercisable

- * 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).

Expiration

Date

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.

Title