SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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 Person [*] <u>Nelson Kenneth Warwick III</u>			2. Date of Event Re Statement (Month/E 06/05/2023		3. Issuer Name and Ticker or Trading Symbol <u>HeartBeam, Inc.</u> [BEAT]							
(Last)	(First)	(Middle)			4. Relationship of Reporting Person(s (Check all applicable)) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
2118 WALSH AVENUE, SUITE 210					Х	Director Officer (give title	10% Owne Other (spe			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SANTA CLARA	СА	95050				below)	below)		X	-	/ One Reporting Person / More than One Reporting	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						t of Securities ly Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						70,001	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expirat			Expiration Da			3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conve or Exe	rcise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Re			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price Deriva Secur	tive	Indirect (I) (Instr. 5)		

/s/ Kenneth Warwick Nelson III

<u>06/15/2023</u> Date

** Signature of Reporting Person

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.