SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
OMB Number: 3235-0104
Estimated average burden
hours per response: 0.5

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 [•] Bellante Thomas Joseph			2. Date of Event Re Statement (Month/I 09/27/2022	<u>, , , , , , , , , , , , , , , , , , , </u>	3. Issuer Name and Ticker or Trading Symbol InnovaQor, Inc. [VMCS]						
(Last)	(First)	(Middle)			4. Relationship of Reporting Person(s (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
400 S. AUSTRALIAN AVE., SUITE 800					v o	Director Officer (give title below) Chief Financial O	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) WEST PALM BEACH,	FL	33401				Chief Financial G	Jincer		Form filed by Person	y More than One Reporting	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					of Securities y Owned (Instr. 4)			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)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Convers or Exerc	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivativ Security			

No securities are beneficially owned.

/s/ Thomas Joseph Bellante

11/07/2022

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.