## SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

## OMB APPROVAL

OMB Number:

3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

R		event statement /Year) 2	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Blue Water Vaccines Inc.</u> [BWV]						
(Last) (First) (Middle) C/O BLUE WATER VACCINES INC. 201 E. FIFTH STREET, SUITE 1900 (Street) CINCINNATI OH 45202 (City) (State) (Zip)			Issuer (Check a X C	onship of Reporting all applicable) Director Officer (give itle below)	10% C	wner 6 specify (	iled (Month/Day) Individual or Jo Check Applicable X Form filed Person	int/Group Filing Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned									
······································		6		t of Securities Ily 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 Exercisable and Expiration Date (Month/Day/Year)		<ul> <li>3. Title and Amount of Se Underlying Derivative Se (Instr. 4)</li> </ul>			4. Conversio or Exercise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Erin Henderson,
attorney-in-fact

11/08/2022

\*\* Signature of Reporting Person

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.