FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ectio	on ac	J(n) of	tne ir	ivestme	nt Cor	npany Act of	T 194	40							
1. Name and Address of Reporting Person* <u>Cincinnati Cornerstone Investors BWV I,</u>						2. Issuer Name and Ticker or Trading Symbol Blue Water Vaccines Inc. [BWV]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
LLC (Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/25/2022											Office below	er (give title v)		Other below	(specify
2900 READING ROAD, SUITE 410				4. If A	If Amendment, Date of Original Filed (Month/Day/Year)											vidual or	Joint/Grou	p Filii	ng (Check	Applicable	
(Street) CINCINNATI OH 45206															Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)																					
		Table	I - No	n-Deriva	tive S	Sec	curi	ities	Acq	uired,	Dis	posed of	, or	^r Ben	efic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				y/Year) li		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed C 5)	es Acquired (A Of (D) (Instr. 3,		(A) o 3, 4	4 and Secur Benef		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or D)	Pric		Transa (Instr. 3	ction(s) 3 and 4)	D(2)		(111511.4)	
Common Stock 08/25/2 Table II - Derivativ									J ⁽¹⁾		500,000		D			<u> </u>	11,201		D ⁽²⁾		
		ıa.	DIE II -	(e.g., pu	ve Se its, ca	alls	iriti s, w	es A arra	cqu nts,	option	ns, c	osea ot, a onvertib	le s	secur	rities	illy (Jwned	a 			
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security 3. Transaction Execution Date (Execution Date, if any (Month/Day/Year)		ion Date,	4. Transaction Code (Instr 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g			9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership t (Instr. 4)		
					Code	v		(A)	(D)	Date Exercis	able	Expiration Date	Titl	or Nui of	ount mber ares						
1. Name and Address of Reporting Person* <u>Cincinnati Cornerstone Investors BWV I, LLC</u>																					
(Last) (First) (Middle) 2900 READING ROAD, SUITE 410						-															
(Street) CINCINNATI OH 45206					- -																
(City) (State) (Zip)																					
1. Name and Address of Reporting Person* <u>Cincinnati Cornerstone Capital LLC</u>																					
(Last) (First) (Middle) 2900 READING ROAD, SUITE 410																					
(Street)																					

Explanation of Responses:

OH

(State)

CINCINNATI

(City)

- 1. Distribution of Issuer Common Stock pursuant to a pro rata distribution by Cincinnati Cornerstone Investors BWV I, LLC.
- 2. Cincinnati Cornerstone Capital, LLC, as the manager and a member of Cincinnati Cornerstone Investors BWV I, LLC, beneficially owns the reported securities indirectly, but disclaims beneficial ownership of the reported securities, except to the extent of its pecuniary interest therein.

/s/ Douglas Groh,

08/29/2022

Representative of the Manager ** Signature of Reporting Person

Date

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

45206

(Zip)

- * If the form is filed by more than one reporting person, see Instruction 4 (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.