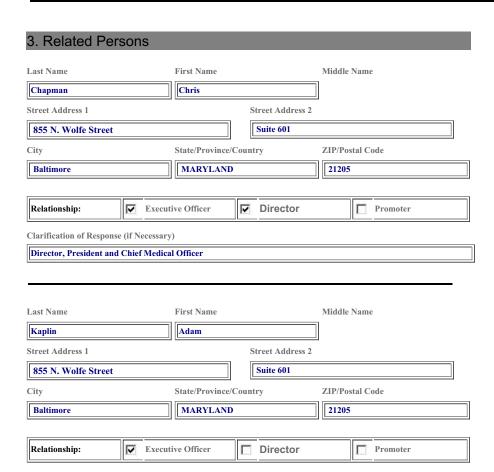


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPRO	VAL
OMB Number: 3235-	0076
Expires: August 31,	2015
Estimated Average I per response: 4.0	ourden hour

1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001321834	Akers Biosciences, Inc.	© Corporation
Name of Issuer	Akers Biosciences Inc	C Limited Partnership
MyMD Pharmaceuticals, Inc.		C Limited Liability Company
Jurisdiction of Incorporation/Organization		C General Partnership
NEW JERSEY		C Business Trust
Year of Incorporation/Organization	on	C Other
 Over Five Years Ago 		
O Within Last Five Years (Specify Year)		
C Yet to Be Formed		





Last Name First Name Middle Name

Street Address 1 855 N. Wolfe Street	State/Province/G MARYLAND ive Officer /) First Name Jude	Street Address 2 Suite 601 Country Director Street Address 2	ZIP/Postal Code 21205 Promoter Middle Name	
City Baltimore Relationship: Execut Clarification of Response (if Necessary Chairman of the Board Last Name Uzonwanne	ive Officer	Country Director	Promoter Middle Name	
Relationship: Execut Clarification of Response (if Necessary Chairman of the Board Last Name Uzonwanne	ive Officer	Director	Promoter Middle Name	
Relationship: Execut Clarification of Response (if Necessary Chairman of the Board Last Name	ive Officer	Part Control of the C	Promoter Middle Name	
Clarification of Response (if Necessary Chairman of the Board Last Name	First Name	Part Control of the C	Middle Name	
Clarification of Response (if Necessary Chairman of the Board Last Name	First Name	Part Control of the C	Middle Name	
Chairman of the Board Last Name Uzonwanne	First Name	Street Address 2		
Last Name	11	Street Address 2		_
Uzonwanne	11	Street Address 2		_
Uzonwanne	11	Street Address 2		
Uzonwanne	11	Street Address 2		
	Jude	Street Address 2	2	
Street Address 1		Street Address 2	2	
855 N. Wolfe Street		Suite 601		
City	State/Province/0	Country	ZIP/Postal Code	
Baltimore	MARYLAND		21205	
Relationship: Execut	ive Officer	Director	Promoter	
Clarification of Response (if Necessary	7)			
				_
Last Name	First Name		Middle Name	
White	Bill			
Street Address 1		Street Address 2	2	
855 N. Wolfe Street		Suite 601		
City	State/Province/0	Country	ZIP/Postal Code	
Baltimore	MARYLAND		21205	
Relationship: Execut	ive Officer	Director	Promoter	
Clarification of Response (if Necessary	7)			

4. Industry Group

C Agriculture	Health Care	Retailing
Banking & Financial Services	C Biotechnology C Health Insurance	C Restaurants
C Commercial Banking	C Health Insurance C Hospitals & Physicians	
C Insurance	C Pharmaceuticals	Technology
C Investing	6 Other Health Care	Computers
C Investment Banking		C Telecommunications
C Pooled Investment Fund		C Other Technology
Other Banking & Financial Services	X	Travel
C Business Services	Manufacturing Real Estate	C Airlines & Airports
Energy	C Commercial	C Lodging & Conventions
C Coal Mining	C Construction	C Tourism & Travel Services
C Electric Utilities	C REITS & Finance	C Other Travel
C Energy Conservation C Environmental Services	C Residential	Other Other
C Oil & Gas	Other Real Estate	
C		
Other Energy		
5. Issuer Size		
Revenue Range	Aggregate Net Asset	Value Range
C No Revenues	N=0	e Net Asset Value
C \$1 - \$1,000,000	C \$1 - \$5,000,0	00
C \$1,000,001 - \$5,000,000	\$5,000,001 -	\$25,000,000
S5,000,001 - \$25,000,000	\$25,000,001	\$50,000,000
C \$25,000,001 - \$100,000,000	\$50,000,001	\$100,000,000
Over \$100,000,000	Over \$100,00	00,000
© Decline to Disclose	C Decline to Di	sclose
C Not Applicable	C Not Applicat	ble
6. Federal Exemption(s) a	nd Exclusion(s) Clain	ned (select all that
apply)	The Exolation (b) Claim	noa (ooloot all triat
Rule 504(b)(1) (not (i), (ii)		
or (iii))	Rule 505	
Rule 504 (b)(1)(i)	Rule 506(b)	
Rule 504 (b)(1)(ii)	Rule 506(c)	
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)	
	Investment Company Act Sec	tion 3(c)
7. Type of Filing		
▼ New Notice Date of First Sale	2022-08-15	First Sale Yet to Occur
New Notice Date of First Sale	2022-06-15	First Sale Yet to Occur
Amendment		
8. Duration of Offering		
	9	
Does the Issuer intend this offering to last mo	ore than one year?	Yes C No
9. Type(s) of Securities Of	fered (select all that	annly)
- Pooled Investment Fund -	,	арріу)
Interests E	quity	

☐ Tenant-in-Common Securities ☐ Mineral Property Securities	□ Debt □ Option, Warrant or Other Right to
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Acquire Another Security
10. Business Combination of Response (if Necessar II). Minimum Investmanium investment accepted from the state of the stat	ection with a business combination sition or exchange offer? Yes No No No No USD
Dawson James Securities, Inc.	130645
(Associated) Broker or Dealer Street Address 1 101 NORTH FEDERAL HIGH	None (Associated) Broker or Dealer CRD None Number Street Address 2
City	State/Province/Country ZIP/Postal Code
BOCA RATON	FLORIDA 33432
FLORIDA ILLINOIS NEW YORK	
13. Offering and Sale	s Amounts
Fotal Offering Amount \$ \begin{array}{ c c c c c c c c c c c c c c c c c c c	USD
Clarification of Response (if Necessa Represents warrants to purchas common stock at \$5.25/share.	
14. Investors	
do not qualify as accredite	ffering have been or may be sold to persons who d investors, dited investors who already have invested in the
to persons who do not qua	urities in the offering have been or may be sold lify as accredited investors, enter the total clready have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of ar
expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$	239999	USD	П	Estimate
Finders' Fees	\$	0	USD	П	Estimate
Clarification of Response (if Necessar	ry)				

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0	USD	П	Estimat

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
MyMD Pharmaceuticals, Inc.	/s/ Chris Chapman	Chris Chapman	President, Chief Medical Officer, and Director	2022-08-30