FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
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hours per response:	0.5					

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

may continue. S	ee mstruction	T(D).		F							es Exchange pany Act of									
Name and Address of Reporting Person* Shahinian Eric				2. Issuer Name and Ticker or Trading Symbol Pasithea Therapeutics Corp. [KTTA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O CAMAC PARTNERS LLC				3. Date of Earliest Transaction (Month/Day/Year) 09/28/2022									Officer (give title X Other (specify below) Left below) Member of 10% owner group							
350 PARK AVENUE, 13TH FLOOR (Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 1	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
NEW YORK	NY	10	0022																	
(City)	(State)	(Zi		n Dor	l l			s A sa	uirad	Dian	assad of		Donofie	nially (Owne	-d				
Date			nsaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an) or	5. A Se Be Fo	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	ice Transaction (Instr. 3 and					(Instr. 4)	
Common Stock 09/			09/2	28/2022		P		57,647	47 A		\$1.18	39	1,781,705		I		See footnote ⁽¹⁾			
Common Stock 09/2			29/2022		P		6,710	6,710 A		\$1.15	56	1,788,415				See footnote ⁽¹⁾				
			Table II -								sed of, o				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		derlying curity	ing Derivative		9. Number derivative Securities Beneficiall Owned Following Reported	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	•	Amount or Number of Share	.	(Instr		on(s)		
1. Name and Addr Shahinian E	-	ting Person *											•							
(Last) C/O CAMAC 1 350 PARK AV	(Firs	S LLC	(Middle)			-														
(Street) NEW YORK NY 10022																				
(City) (State) (Zip)																				
1. Name and Addr	•	ting Person *																		
(Last) (First) (Middle) 350 PARK AVENUE, 13TH FLOOR																				
(Street) NEW YORK	NY	-	10022																	
(City)	(Sta	ate)	(Zip)																	

Name and Address of Reporting Person *									
Camac Fund, LP									
(Last)	(First)	(Middle)							
CAMAC CAPITAL, LLC									
350 PARK AVENUE, 13TH FLOOR									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							
Name and Address of Reporting Person *									
Camac Partners, LLC									
(Last)	(First)	(Middle)							
350 PARK AVENUE, 13TH FLOOR									
(Street)									
NEW YORK	NY	10022							
(City)	(State)	(Zip)							

Explanation of Responses:

1. The shares are held by Camac Fund, LP. ("Camac Fund"). Eric Shahinian is the managing member of Camac Capital, LLC, which is the general partner of Camac Fund and the managing member of Camac Partners, LLC.

Remarks:

/s/ Eric Shahinian	09/30/2022
/s/ Eric Shahinian, Managing Member of Camac Capital, LLC	09/30/2022
/s/ Eric Shahinian, Managing Member of Camac Capital, LLC, the General Partner of Camac Fund, LP	09/30/2022
/s/ Eric Shahinian, Managing Member of Camac Capital, LLC, the Managing Member of Camac Partners, LLC	09/30/2022
** Signature of Reporting Person	Date

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

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.

 $^{^{\}star}$ 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).