

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
nours per respons	se 0.5			

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)								
Name and Address of Reporting Person*  Dumesnil Simon	2. Date of Event Requiring Statement (Month/Day/Year) 09/14/2021		3. Issuer Name and Ticker or Trading Symbol Pasithea Therapeutics Corp. [KTTA]					
(Last) (First) (Middle) 1111 LINCOLN ROAD, SUITE 500	09/14/2021		Issuer		` /	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) MIAMI BEACH, FL 33139	(Check _X_Director Officer (give titl below)		all applicable)  10% Owner Other (spec	ify Applicable I  _X_Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)		2. Amount of Se Beneficially Ow (Instr. 4)	rned	1	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  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 control number.  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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	eate Expiration Expiration Date	Title Amount Shares	nt or Number of	(I)	(D) or Indirect (I) (Instr. 5)			

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Dumesnil Simon 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH, FL 33139	X				

# **Signatures**

/s/ Simon Dumesnil	09/14/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

### No securities are beneficially owned

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.