SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and Address of Reporting Person [*] Simeonidis Harry	2. Date of Eve Requiring Stat (Month/Day/Ye 12/22/2020	itement 'ear)	3. Issuer Name and Ticker (<u>GBS Inc.</u> [GBS]	or Trading	Symbol			
(Last) (First) (Middle) C/O GBS, INC., 708 THIRD AVENUE, 6TH FLOOR, (Street) NEW YORK, NY 10017 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) X Director X Officer (give title below) CEO, Presi	10% C Other below)) wner (specify	A Person	/Year) int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			I. Nature of Indirect Beneficial Dwnership (Instr. 5)		
Common stock, par value \$0.01 per share			600	Ι)			
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)		e	Underlying Derivative Security (Instr. 4)		4. Convers or Exerc Price of	ise Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Expiration Date	Title	Amount or Number of Shares	Derivativ Security			

Explanation of Responses:

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/s/ Harry	<u>/ Simeo</u>	<u>onidis</u>

12/30/2020

** 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.