FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	D.C. 20	1549			

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(C). Se	ee Instruction	10.																	
Name and Address of Reporting Person* Simeonidis Harry			2. Issuer Name and Ticker or Trading Symbol INTELLIGENT BIO SOLUTIONS INC. [INBS]							(CI	5. Relationship of Reporting Perso (Check all applicable) Director Officer (give title				suer vner specify				
(Last)	(Last) (First) (Middle)					-								belo				peciny	
C/O INTELLIGENT BIO SOLUTIONS INC.,				3. Date of Earliest Transaction (Month/Day/Year) 09/25/2024								Chief Executive Officer							
135 WEST 41TH STREET, 5TH FLOOR				09/23/2024															
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Lin		n filed by On	e Ren	orting Perso	on
NEW YO	NEW YORK NY 10036														Form filed by One Reporting Person Form filed by More than One Reporting				
(O:t-)	(0)	(7	7: \												Pers	on			
(City)	(5)	rate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	ally Owr	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nd Secur Benef	ties For cially (D) I Following (I) (orm: Direct)) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									v	Amount	(A (D	() or ()	Price	Transa	ction(s) 3 and 4)			(111341. 4)	
Common Stock 09/25/2					2024		Α		40,000(1)	A	\$0	40),408(2)		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber res					

Explanation of Responses:

- 1. On September 25, 2024, the Issuer granted the reporting person 40,000 shares of the Issuer's common stock pursuant under the Intelligent Bio Solutions Inc. 2019 Long Term Incentive Plan.
- 2. The number of reported securities has been adjusted to (i) reflect a 1-for-12 reverse stock split effected on January 26, 2024, and (ii) correct a clerical error that had previously caused the reporting person's holding to be underreported by 59 shares.

/s/ Harry Simeonidis

09/27/2024

** 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 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.