FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.	0.5							

	tion 1(b).	iuc. occ		Filed							ies Exchang mpany Act o		L934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Life Science Biosensor Diagnostics Pty Ltd			2. Issuer Name and Ticker or Trading Symbol GBS Inc. [GBS]									check all ap Dire	ctor	X	10% O	wner		
(Last)	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/10/2022									Offic belo	er (give title w)		Other (below)	specify
LEVEL 9, 85 CASTLEREAGH ST				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SYDNE	Y C3	2	000											X Forr	n filed by Or n filed by Mo son		Ü	
(City)	(St	ate) (2	Zip)															
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or Be	nefic	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exe ay/Year) if ar		2A. Deemed Execution Date, f any (Month/Day/Year)				es Acquired (A Of (D) (Instr. 3,		nd Secur Benef Owne	Amount of curities neficially ned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			02/10/2	2022				S		100,000	D	\$0.	84 2,0	,057,832 D			
		Tal									osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3. Deemet Execution I if any (Month/Day		ion Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
			Code V (A) ((D)	Date Exercis	able	Expiration Date	C	mount r lumber f shares								

Explanation of Responses:

/s/ George Syrmalis

02/15/2022

** 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.