FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235- 0104							
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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

1. Name and Address of Reporting Person*

Gary W. Rollins Foundation

O5/12/2023

Or Section 30(h) of the Investment Company Act of 1940

3. Issuer Name and Ticker or Trading Symbol

INTELLIGENT BIO SOLUTIONS INC. [INBS]

4. Relationship of Reporting Person(s) to

5. If Amendment, Date of Original Company Act of 1940

4. Relationship of Reporting Person(s) to

(Last) 1908 CLIFF (Street) ATLANTA	(First) F VALLEY W	(Middle) /AY NE 30329	-	3	4. Relationship of Reportir Issuer (Check all applicable) Director Officer (give title below)	ng P	10% O Other (below)	wner	Filed	ndividual or Joi eck Applicable Form filed by Person	int/Group Filing
(City)	(State)	(Zip)							Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock, par value \$0.01 per share					190,489		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year) Date Expiration		ate	Underlying Derivative Security (Instr. 4) Conver		cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.					
				Expiration		O N	Amount or Number of	Price of Derivati Security	ive or Indirect		5)

Explanation of Responses:

/s/ Jason Isenberg

Shares

06/01/2023

** Signature of Reporting Person

Date

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

Exercisable Date

- * 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.

Title