FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235- 0104					
Estimated average burden						
hours per response:	0.5					

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* Fraser Nicola Marion	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2024 3. Issuer Name and Ticker or Trading Symbol INTELLIGENT BIO SOLUTIONS INC. [INBS]							
(Last) (First) (Middle) C/O INTELLIGENT BIO SOLUTIONS INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
142 WEST 57TH STREET, 11TH FLOOR	_		Officer (give title below)	Other below)	r (specify v)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person			
(Street) NEW YORK NY 10019	_							by More than One Person	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)		E	2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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)		Underlying Derivative Security (Instr. 4) Conver		4. Convers or Exerc Price of	cise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	<i>3)</i>	

Explanation of Responses:

No securities are beneficially owned.

/s/ Nicola Fraser

06/17/2024

** Signature of Reporting

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.