SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 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 A TOWERS		2. Date of E Requiring S (Month/Day 12/22/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>GBS Inc.</u> [GBS]							
(Last) (First) (Middle) C/O GBS, INC., 708 THIRD AVENUE,					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
6TH FLOO	R,			Officer (give title below)			(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		Line)	
(Street) NEW YORK,	NY	10017									by More than One Person
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr.	3. Owne Form: I (D) or Ir (I) (Instr	Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
E			2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)					ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratior Date	n Title		Amount or Derivativ Number of Shares		ve	or Indirect (I) (Instr. 5)	<i>v</i>)

Explanation of Responses:

No securities are beneficially owned.

	<u>/s/</u>	' C	hri	ist	or	h	ner	Τ	owers	
--	------------	-----	-----	-----	----	---	-----	---	-------	--

Person

** Signature of Reporting

12/30/2020

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.