FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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	OMB APPROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Gavrilenko Victoria	2. Date of E Requiring S (Month/Day) 12/22/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol GBS Inc. [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 FLOOR,	=		1		specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(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)			. Amount of Securities Seneficially Owned (Instr.	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
		4		(D) or In	ndirect	ownership (ilistr.	5)			
(e.g		erivative		(D) or In (I) (Instr	ndirect : 5)	ownership (mstr.	5)			
(e.g		erivative s, warran	Securities Beneficia	(D) or Ir (I) (Instr Illy Own ble sec	ndirect : 5)	5. On Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

/s/ Victoria Gavrilenko 12/30/2020

** Signature of Reporting Date Person

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.