## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-028
Estimated average	burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN 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

	pe Response														
1. Name and Address of Reporting Person* Klump Michael A			2. Issuer Name and Ticker or Trading Symbol CytoDyn Inc. [CYDY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director10% Owner						
	(Last) (First) (Middle) 1111 MAIN STREET, SUITE 660			3. Date of Earliest Transaction (Month/Day/Year) 12/19/2019					=	Officer (give t	itle below)	Other (	specify below	)	
(Street) VANCOUVER, WA 98660			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
									Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, D				ed, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Exec ar) any	Deemed cution Dat	e, if		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of Sec yned Followin ansaction(s)		O Fe	Ownership Form:	Beneficial	
				(Moi	nth/Day/Y	ear)	Co	de V Ar	(A) or	Price (In	(Instr. 3 and 4)		Ot (I	Direct (D) Ownersh or Indirect (Instr. 4) (I) (Instr. 4)	
Reminder:	Report on a s							in this fo	who respon orm are not r tly valid OMI	equired to	respond ur		n contained orm displays		474 (9-02)
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1. Title of	•	3. Transaction	3A. Deemed Execution Date, if	(e.g., 4. Transac Code	puts, calls 5. N Deri Secu Acqu or D (D) (Inst	mber vative rities rities cired ( spose	of  A) d of	in this fo a curren juired, Dispos	orm are not rettly valid OMI  ed of, or Benevertible secur  isable and te	equired to 3 control i ficially Ow ities)	respond ur number. rned and Amount lying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indirec	11. Naturof Indire Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	3A. Deemed Execution Date, if any	(e.g., 4. Transac Code	5. Notion Deri Secu B) Acquor D (D)	mber vative rities rities cired ( spose	of A) d of	in this for a current quired, Disposes, options, con 6. Date Exerc Expiration Da	orm are not rettly valid OMI  ed of, or Benevertible secur  isable and te	required to 3 control in a cont	respond ur number. rned and Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownersh Form of Derivativ Security: Direct (I or Indirec	ip of Indire Benefic (Instr. 4
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#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Klump Michael A 1111 MAIN STREET, SUITE 660 VANCOUVER, WA 98660	X					

### **Signatures**

/s/ Michael D. Mulholland, as attorney-in-fact	12/23/2019
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.