

CytoDyn Inc.
Street Address 1

1111 Main Street

Vancouver

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hour per response: 4.0

Phone No. of Issuer

360-980-8524

1. Issuer's Identity	_	_
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001175680	Rexray Corporation	© Corporation
Name of Issuer	CytoDyn Inc.	C Limited Partnership
CytoDyn Inc.	CYTODYN INC	C Limited Liability Company
Jurisdiction of Incorporation/Organization	REXRAY CORP	C General Partnership
DELAWARE		C Business Trust
Year of Incorporation/Organizati	ion	C Other
Over Five Years Ago		
Within Last Five Years (Specify Year)		
O Yet to Be Formed		
2. Principal Place of E	Business and Contact Ir	formation
Name of Issuer		

Street Address 2

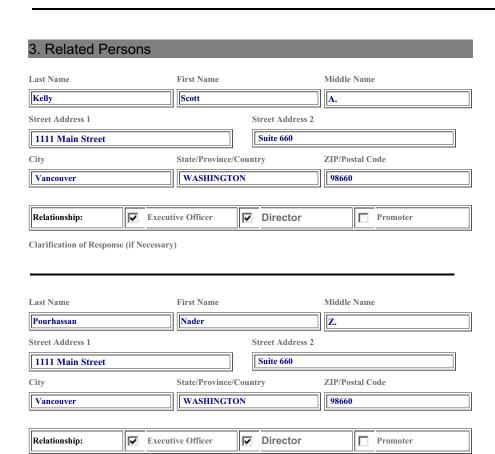
ZIP/Postal Code

98660

Suite 660

State/Province/Country

WASHINGTON



Last Name	First Name		Middle Name	
Seethamraju	Harish			
Street Address 1		Street Address 2	2	
1111 Main Street		Suite 660		
City	State/Provinc		ZIP/Postal Code	
Vancouver	WASHING	TON	98660	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response (if I	Necessary)			
act Nama	First Name		Middle Name	•
Naydenov	Jordan		Middle Name	
Street Address 1	Journal	Street Address 2		
1111 Main Street		Suite 660	-	\neg
City	State/Provinc		ZIP/Postal Code	
Vancouver	WASHING		98660	
, and a ver				
		Director	Promoter	
Clarification of Response (if I		Director	Promoter Middle Name	
Clarification of Response (if I	Necessary)	Director		
Clarification of Response (if N	First Name	Director Street Address 2	Middle Name	_
Clarification of Response (if N	First Name		Middle Name	
Clarification of Response (if I	First Name	Street Address 2 Suite 660	Middle Name	_
Clarification of Response (if I	First Name	Street Address 2 Suite 660 ce/Country	Middle Name	
Clarification of Response (if I	First Name Lishomwa State/Province	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code	
Clarification of Response (if I	First Name Lishomwa State/Provinc	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code	
Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver	First Name Lishomwa State/Provinc WASHING Executive Officer	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code 98660	
Clarification of Response (if N Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver	First Name Lishomwa State/Provinc WASHING Executive Officer	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code 98660	
Clarification of Response (if N Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver	First Name Lishomwa State/Provinc WASHING Executive Officer	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code 98660	
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Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship:	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name	
Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship:	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary)	Street Address 2 Suite 660 ce/Country	Middle Name C. ZIP/Postal Code 98660 Promoter	
Clarification of Response (if I	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary	Street Address 2 Suite 660 Ce/Country TON Director Street Address 2	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name Durkee	
Clarification of Response (if N Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship: Clarification of Response (if N Last Name Urbach	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary	Street Address 2 Suite 660 EV/Country TON Director	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name Durkee	
Clarification of Response (if No. 1) Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship: Clarification of Response (if No. 1) Last Name Urbach Street Address 1 1111 Main Street City	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary) First Name Tanya	Street Address 2 Suite 660 Ce/Country TON Director Street Address 2 Suite 660 Ce/Country	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name Durkee ZIP/Postal Code	
Clarification of Response (if N Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship: Clarification of Response (if N Last Name Urbach Street Address 1 1111 Main Street	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary First Name Tanya	Street Address 2 Suite 660 Ce/Country TON Director Street Address 2 Suite 660 Ce/Country	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name Durkee	
Clarification of Response (if No. 1) Last Name Ndhlovu Street Address 1 1111 Main Street City Vancouver Relationship: Clarification of Response (if No. 1) Last Name Urbach Street Address 1 1111 Main Street City	First Name Lishomwa State/Provinc WASHING Executive Officer Necessary) First Name Tanya	Street Address 2 Suite 660 Ce/Country TON Director Street Address 2 Suite 660 Ce/Country	Middle Name C. ZIP/Postal Code 98660 Promoter Middle Name Durkee ZIP/Postal Code	

Last Name		First Name		Middle Name	
Migliarese		Antonio			
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1111 Main Street			Suite 660		
City		State/Province	e/Country	ZIP/Postal Code	_
Vancouver		WASHINGT	TON	98660	
Relationship:	Ex	ecutive Officer	Director	Promoter	
Clarification of Response	e (if Neces	sary)			
					_
Last Name		First Name		Middle Name	
Ray		Nitya		G.	$\overline{}$
Street Address 1			Street Address 2		
1111 Main Street			Suite 660		
City		State/Province	e/Country	ZIP/Postal Code	_
Vancouver		WASHINGT	ΓON	98660	
Relationship:	Ex	ecutive Officer	Director	Promoter	
Clarification of Response	e (if Neces	sary)			
					_
Last Name		First Name		Middle Name	
Recknor		Christopher			
Street Address 1			Street Address 2	_	
1111 Main Street		· · · · · · · · · · · · · · · · · · ·	Suite 660		
City		State/Province	e/Country	ZIP/Postal Code	
Vancouver		WASHING	TON	98660	
Relationship:	Ex	ecutive Officer	Director	Promoter	
Relationship: Clarification of Response	(Fernic		Director	Promoter	

4. Industry Group

~	Agriculture	Health Care		C Retailing
	Banking & Financial Services	6 Biotechi	0.0	C Restaurants
	Commercial Banking	0.00	nsurance s & Physicians	(986)
	C Insurance	2000 P	ceuticals	Technology
	C Investing	2000	ealth Care	Computers
	C Investment Banking			C Telecommunications
	C Pooled Investment Fund			C Other Technology
	Other Banking & Financial C Services			Travel
	•	Manufacturii	ıg	C Airlines & Airports
	Business Services	Real Estate C Comme	rcial	C Lodging & Conventions
	Energy C Coal Mining	C Constru		C Tourism & Travel Services
	C Electric Utilities	C REITS &	& Finance	Other Travel
	C Energy Conservation	C Resident		Other
	C Environmental Services C Oil & Gas	Other R	eal Estate	
	Other Energy			
	av av			
5.	Issuer Size			
	enue Range		-	sset Value Range
0	No Revenues		2000	regate Net Asset Value
C	\$1 - \$1,000,000		C \$1 - \$5,00	
0	\$1,000,001 - \$5,000,000		-	01 - \$25,000,000
C	\$5,000,001 - \$25,000,000		70 E O	001 - \$50,000,000
C	\$25,000,001 - \$100,000,000		-	001 - \$100,000,000
C	Over \$100,000,000		1.00	00,000,000
•	Decline to Disclose		-	to Disclose
С	Not Applicable		C Not App	licable
	Federal Exemption(s) a	nd Exclu	sion(s) Cla	aimed (select all that
ар	ply)			
П	Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505	;	
Г	Rule 504 (b)(1)(i)	Rule 506		
П	Rule 504 (b)(1)(ii)	_		
Г	Rule 504 (b)(1)(iii)	Rule 506	<u> </u>	
1	Kuic 304 (b)(1)(iii)		es Act Section 4(a	
		Investme	ent Company Act	t Section 3(c)
7.	Type of Filing			
V	New Notice Date of First Sale	2021-11-17		First Sale Yet to Occur
П	Amendment			
*				
8.	Duration of Offering			
Does	the Issuer intend this offering to last m	ore than one ye	ear?	• Yes C No
9.	Type(s) of Securities Of	ffered (se	elect all tha	at apply)
П	Pooled Investment Fund Interests	quity		
_		ebt		

	on, Warrant or Other Right to ire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	r (describe)
10. Business Combination T	ransaction
Is this offering being made in connection with a l transaction, such as a merger, acquisition or excl	
Clarification of Response (if Necessary)	
11. Minimum Investment	
Minimum investment accepted from any outside investor	\$ 10000 USD
12. Sales Compensation	
Recipient	Recipient CRD Number None
Paulson Investment Company	5670
(Associated) Broker or Dealer Not	ne (Associated) Broker or Dealer CRD Number None
Street Address 1	Street Address 2
40 Wall Street	39th Floor
City	State/Province/Country ZIP/Postal Code
New York	NEW YORK 10005
State(s) of Solicitation All States	Foreign/Non-US

ALABAMA	
ARIZONA	
CALIFORNIA	
COLORADO	
CONNECTICUT	
FLORIDA	
GEORGIA	
ILLINOIS	
MARYLAND	
MICHIGAN	
MINNESOTA	
MISSISSIPPI	
MONTANA	
NEVADA	
NEW JERSEY	
NEW YORK	
NORTH CAROLINA	
OKLAHOMA	
OREGON	
PENNSYLVANIA	
SOUTH CAROLINA	
TENNESSEE	
TEXAS	
UTAH	
VIRGINIA	
WASHINGTON	
13. Offering a	and Sales Amounts
Total Offering Amount	\$\[\sum_{\text{53593700}} \] USD \[\pi\] Indefinite
Total Amount Sold	\$ 11361000 USD
Total Remaining to be Sold	\$ 42232700 USD Indefinite
Clarification of Respon	se (if Necessary)
14. Investors	
do not qualif	rities in the offering have been or may be sold to persons who y as accredited investors, ach non-accredited investors who already have invested in the

15. Sales Commissions & Finders' Fees Expenses

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

118

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$ 6481244	USD	V	Estimate
Finders' Fees	\$ 0	USD	П	Estimate

Clarification of Response (if Necessary)

Assumes maximum commissions earned. Excludes warrants to purchase Common Stock.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0	USD	П	Estimat

Signature and Submission

Clarification of Response (if Necessary)

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
CytoDyn Inc.	/s/ Antonio Migliarese	Antonio Migliarese	Chief Financial Officer	2021-12-02