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

OMB APPROVAL				
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Estimated average	burden			
houre par reenonee	0.5			

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

(11iiit of 1)	pe Response	<i>5)</i>		_										
1. Name and Address of Reporting Person* Kelly Scott A.			2. Issuer Name and Ticker or Trading Symbol CytoDyn Inc. [CYDY]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	(Last) (First) (Middle) 1111 MAIN STREET, SUITE 660			3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019					Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by More than One Reporting Person					
(Street) VANCOUVER, WA 98660			4. If An	4. If Amendment, Date Original Filed(Month/Day/Year)				_X_						
								Form flied by More than One Reporting Person						
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Dispo				, Disposed o	sed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Exectar)	Deemed ution Date, if		(A	Securities Acqu) or Disposed of str. 3, 4 and 5)	f (D) Owr Tran	Owned Following Reported Transaction(s)		Ov Fo	wnership of B	eneficial	
				(Mon	th/Day/Year)	Со	de V Ar	(A) or (D)	Price	(I)		Indirect (I	wnership nstr. 4)	
Reminder:	Report on a s	separate fine for each	. 0.000 07 5000				in this fo	who respond orm are not re tly valid OMB	quired to	respond ur				174 (9-02)
Reminder:	Report on a s	separate fine for each					in this fo	orm are not re	quired to	respond ur				174 (9-02)
1. Title of	2. Conversion or Exercise Price of	3. Transaction	Table I 3A. Deemed Execution Date, if	(e.g., p 4. Transact Code	5. Number Derivative Securitie Acquired	er of e e (A)	in this fo a curren quired, Dispos	orm are not re tly valid OMB sed of, or Benef vertible securion isable and te	quired to a control national control of the control	respond ur umber. ed d Amount ing	8. Price of	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative	11. Nature of Indirection Benefice Owners
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	Table I 3A. Deemed Execution Date, if any	(e.g., p 4. Transact Code	5. Number Derivative Securitie	er of e s (A) sed of	in this for a current quired, Disposes, options, con 6. Date Exerc Expiration Da	orm are not re tly valid OMB sed of, or Benef vertible securion isable and te	quired to control noticially Ownties) 7. Title and of Underly Securities	respond ur umber. ed d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I 3A. Deemed Execution Date, if any	(e.g., p 4. Transact Code	5. Numboution Derivative Securitie Acquired or Dispose (D) (Instr. 3,	er of e s (A) sed of	in this for a current quired, Disposes, options, con 6. Date Exerc Expiration Da	orm are not re tly valid OMB sed of, or Benef vertible securion isable and te	quired to control noticially Ownties) 7. Title and of Underly Securities	respond ur umber. ed d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nation of Indirection Benefic Owners (Instr. 4

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

Signatures

/s/ Michael D. Mulholland, as attorney-in-fact	09/16/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- $_{\star\star} \ \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations.} \ \textit{See} \ 18 \ \text{U.S.C.} \ 1001 \ \text{and} \ 15 \ \text{U.S.C.}$ 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.