FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0287			
Estimated average	burden			
houre par reenonee	0.5			

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

(Print or Ty	pe response.													
1. Name and Address of Reporting Person* Welch David F			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						
1111 MA	*	ET, SUITE 660	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019		_	_Officer (give t	itle below)	Other (specify below)				
(Street)		4. If Ar	4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	UVER, W	A 98660								om med by wi	ore than One R	cporting reason		
(Cit	ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye.		Execution Date, if any		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Benefic Owned Following Reported Transaction(s)		Ov Fo	wnership orm:	Beneficial
				(Mon	nth/Day/Year		ode V Aı	(A) or (D)	Price	(I)		Indirect (Ownership Instr. 4)	
Reminder:	Report on a s	separate line for eacr	ciass of securities t		, 0	,	Persons in this fo	who respond orm are not re tly valid OMB	quired to	respond ur			SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	ative Securi		Persons in this for a curren quired, Dispos	orm are not re tly valid OMB sed of, or Benef	equired to a control na	respond ur umber.			SEC 1	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table I	I - Deriv (e.g.,) 4. Transact Code	puts, calls, w 5. Numl Derivati Securiti Acquire or Dispo (D) (Instr. 3	er of we es d (A) sed of	Persons in this for a curren quired, Dispos ts, options, con 6. Date Exerc Expiration Da (Month/Day/	orm are not re tly valid OMB sed of, or Benef evertible securion isable and tte	equired to a control na	respond ur umber. ned d Amount ring	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I. 3A. Deemed Execution Date, if any	I - Deriv (e.g.,) 4. Transact Code	sative Securiputs, calls, w 5. Numl Derivati Securiti Acquire or Dispo (D)	er of we es d (A) sed of	Persons in this for a curren quired, Dispos ts, options, con 6. Date Exerc Expiration Da (Month/Day/	orm are not re tly valid OMB sed of, or Benef evertible securion isable and tte	icially Own ficially Own fices) 7. Title and of Underly Securities	respond ur umber. ned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Welch David F 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).
- ** 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.