SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

3235-

Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* 2. Date of Event Requiring Statement (Month/Day/Year)   02/08/2023		tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Lucy Scientific Discovery, Inc.</u> [LSDI]						
(Last) (First) (Middle) C/O LUCY SCIENTIFIC DISCOVERY, INC. 301-1321 BLANSHARD STREET (Street) VICTORIA A1 V8W 0B6 (City) (State) (Zip)			Issuer (Check a X	ionship of Reporting all applicable) Director Officer (give title below) Executive Cha	10% O Other ( below)	wner (specify	A Person	/Year) int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned									
······································				nt of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned     (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conversi or Exerci Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivativ Security	Pirect (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

**Remarks:** 

Exhibit List - Exhibit 24 - Power of Attorney

No securities are beneficially owned.

<u>/s/ Brian Zasitko,</u>	
Attorney-in-Fact	
** Signature of Reporting	
Person	

02/09/2023

Date

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.

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"A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document." California ) State of }ss. County of Los Angeles} On this the 8th day of 102 2022, before me, Ravinder Bhalla, Notary Public, personally appeared Richard D. Nonula ------who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct RAVINDER BHALLA NOTARY PUBLIC - CALIFOR COMMISSION # 2373076 WITNESS my hand and official seal. LOS ANGELES COUN (Seal) Signature of Notary Public OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Further Description of Any Attached Document Title or Type of Document:\_ Attom Document Date: 02-08- 2022 Number of Pages: Signer(s) Other than Named Above: - NONF