SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

Req		Event statement /Year) 23	3. Issuer Name and Ticker or Trading Symbol <u>Lucy Scientific Discovery, Inc.</u> [LSDI]					
(Last)(First)(Middle)C/O LUCY SCIENTIFICDISCOVERY, INC.301-1321 BLANSHARD STREET(Street)VICTORIA A1V8W 0B6(City)(State)(Zip)	-		 4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below) 	10% C)wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Shares			27,778	Ι	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of S Underlying Derivative S (Instr. 4)		or Exer	onversion r Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Fundamentian of Desperances	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	or Security Number		Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Exhibit List - Exhibit 24 - Power of Attorney

/s/ Brian Zasitko, Attorney-in-Fact

02/09/2023

** Signature of Reporting Person

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.

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

Remarks:

My Province My State of Alberta, Canada M- city - M) ss.

On this <u>6</u> day of February, 2022, before me, the undersigned notary public, personally appeared Scott M. Reeves who acknowledged that he executed the foregoing Power of Attorney for the purposes stated therein.

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IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Ng Arlandie. Young

Barrister and Solicitor

My Commission Expires:

Irlane E. Young [SEAL] Barrister and Solicitor

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