FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 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

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* SCHULER JACK W | | | | | - 1 | 2. Issuer Name and Ticker or Trading Symbol Aspira Women's Health Inc. [VRML] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|--|--|--|----------|------------------------------------|--|---|----------|--|------|--|---|-------------------------------------|---|--|---|--|---|--|
| (Last) | , | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020 | | | | | | | | Officer (§ below) | give titl | | | r (specify | |
| 100 N. FIELD DRIVE SUITE 360 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | REST II | L | 60045 | | | | | | | | | | | Form file Person | • | | - | | |
| (City) | 2) | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Table I | - Non- | Deriva | ative : | Sec | uri | ities Ac | - | , Di | isposed | of, or B | enefici | ally Ow | ned | | | | |
| Dat | | | | Date | ransaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Follo | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | (instr. 4) | |
| Common Stock, par value \$0.001 06/09/2 | | | | 9/2020 | 2020 | | x | | 730,560 |) A | \$1.8 | 23,108,802 | | 1 | | See footnote ⁽¹⁾ | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution any (Month/Da | Date, if | 4. Transact Code (In 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownersi Form: Direct (I or Indire (I) (Instr. | Beneficial O) Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amount or Number of Shares | | (Instr. | | | | |
| Warrants (Right to buy) | \$1.8 | 06/09/2020 | | | х | | | 730,560 | 08/17/20 ⁻ | 17 0 | 06/09/2020 | Common Stock | 730,560 | \$0 | | 0 | I | See footnote ⁽¹⁾ | |

Explanation of Responses:

1. These shares of common stock are directly held by the Jack W. Schuler Living Trust. Jack W. Schuler is the sole trustee of the Jack W. Schuler Living Trust.

/s/ Jack W. Schuler

06/11/2020

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- $\mbox{*}$ If the form is filed by more than one reporting person, $\it see$ 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.

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.