FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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					As	Issuer Name and Ticker or Trading Symbol     Aspira Women's Health Inc. [ AWH ]      Date of Earliest Transaction (Month/Day/Year)								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner					
(Last)	(1	First)	(Middle)			08/25/2022								Officer (gi below)	ve title		Other below	(specify )	
100 N. FIELD DRIVE SUITE 360					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
									X X	Line)  X Form filed by One Reporting Person									
(Street)	REST I	L	60045											Form file Person	d by Mo	ore than	One Repo	orting	
(City)	(:	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				2. Transac Date (Month/D		Exe any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Disposed Of			5. Amount o Securities Beneficially Owned Follo	Form: (D) or		oirect   Indirect   In	Nature of ndirect eneficial wnership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction( (Instr. 3 and				(Instr. 4)	
Common Stock, par value \$0.001 08/25/2					/2022	2022		Р		133,333 A		(1)	25,527,850		1		See footnote <sup>(2)</sup>		
	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. Deemed Execution Da any (Month/Day/	Co	ansactio			A)	6. Date Exercisabl Expiration Date (Month/Day/Year		of Securities		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	tive ties cially I ving ted	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Co	ode \	V (A)	)	- 1	Date Exercisable	- 1	Expiration Date	Title	Amount or Number of Shares		(Instr.	٠,,			
Warrants (Right to buy) <sup>(3)</sup>	\$0.88	08/25/2022			Р	13:	33,333		08/25/2022	(3)	08/25/2027	Common Stock, par value \$0.001	133,333	(1)	133	,333	1	See footnote <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. Each share of common stock was purchased together with one warrant to purchase one share of common stock (each share and related warrant, a "unit"), at a price of \$0.75 per unit.
- 2. These shares of common stock and warrants are directly held by the Jack W. Schuler Living Trust. Jack W. Schuler is the sole trustee of the Jack W. Schuler Living Trust.
- 3. The terms of the warrants prohibit the holder from exercising the warrants to the extent that the exercise would result in the holder and its affiliates beneficially owning more than 4.99% (or, at the election of the holder and after 61 days' advance notice to the Issuer, 9.99%) of the outstanding shares of common stock. As such, as of the date of the filing of this Form 4, none of the warrants owned by the Reporting Person are currently exercisable.

/s/ Jack W. Schuler

08/29/2022

\*\* 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 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.