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* Sandford Nicole						2. Issuer Name and Ticker or Trading Symbol Aspira Women's Health Inc. [awh]										ationship of all applica Director			on(s) to Iss	
(Last) 12117 BE	(Fii E CAVES RI	,		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022									X	below)	give title President and		Other (specify below)			
STE 100 (Street)	Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(City)	(St.		78738 Zip)			Form filed by More Person										e than One Repor		ting		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Da						Execution Date			, if	3. 4. Securities Acquired Disposed Of (D) (Instr. 8)			d 5)	5. Amount Securities Beneficiall Owned Fo	y	Form:	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	int (A) or (D)		•	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
	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. Deem Execution any (Month/D		4. Transaction Code (Instr 8)		n of			Date Exerc Diration D Conth/Day/	ate	of Securities		s Security		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable	Exq Da	piration te	Title	Amou or Numl of Share	ber					
EMPLOYEE STOCK OPTION (RIGHT TO BUY)	\$0.73	07/01/2022			Α		5,000		07/	/31/2022	07	/01/2032	COMMON STOCK	5,00	00	\$0	5,000)	D	

Explanation of Responses:

/S/ Nicole Sandford

07/01/2022

** Signature of Reporting Person

Date

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

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.

^{*} 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).