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* <u>Sandford Nicole</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Aspira Women's Health Inc. [ awh ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) 12117 BE	(Fir E CAVES RI	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2022  X Officer (give title below)  President										and	Other (specify below)				
STE 100 (Street) AUSTIN	eet) JSTIN TX 78738							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Dat					ction	2/ Ex	A. Deemed secution Date, if		, if	3. If Transaction Code (Instr.		4. Securities Acquired (A)			or 5. Amoun land 5) Securities Beneficial Owned Fo		of y	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) or (D)	Price	e	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. Deeme Execution any (Month/D	Date, if	4. Transaction Code (Instr 8)		n of			Date Exerc Diration D Donth/Day/	ate	ofSecurities		es Securit		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable	Ex <sub> </sub>	piration te	Title	Amo or Num of Share	ber						
EMPLOYEE STOCK OPTION (RIGHT TO BUY)	\$0.3778	12/01/2022			Α		5,000		12/	/31/2022	12	/01/2032	COMMON STOCK	5,00	00	\$0	5,000	)	D		

**Explanation of Responses:** 

/S/ Nicole Sandford

12/01/2022

Date

\*\* Signature of Reporting Person

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).