FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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OWNERSHIP OF SECURITIES

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*			g	3. Issuer Name and Ticker or Trading Symbol Aspira Women's Health Inc. [awh]				
(First)	(Middle)	(Month/Day/Year) 07/05/2022		Issuer (Check all applicable) Director 10% Officer (give (specific policy)) X title below) (specific policy)		% Owner ner ecify	/ner Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securi Beneficially Owned (Instr. 4)	Owr Forr (D) o Indi	nership m: Direct or rect (I)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			3,000		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4) Expir (Mon		ration Date hth/Day/Year) Expiration		Securities Underlying Derivative Security (Instr. 4 Amount or Number		or Exerci	se Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	yan Thin (First) E CAVES RC) TX (State) ecurity (Instr	yan Thinh (First) (Middle) E CAVES ROAD, BLDG 3) TX 78738 (State) (Zip) Table I- ecurity (Instr. 4) Stock Table (e.g., puts, erivative Security Date	Requiristatem (Month 07/05) (First) (Middle) E CAVES ROAD, BLDG 3 (State) (Zip) Table I - Non-Execurity (Instr. 4) Stock Table II - De (e.g., puts, calls, puts, calls, putsive Security 2. Date Exer Expiration D	Requiring Statement (Month/Day/Year) 07/05/2022 (First) (Middle)	Requiring Statement (Month/Day/Year) (First) (Middle) E CAVES ROAD, BLDG 3 (State) (Zip) Table I - Non-Derivative Securities Bereficially Owned (Instr. 4) Stock Table II - Derivative Securities Bereficially Owned (Instr. 4) Table II - Derivative Securities Bereficially Owned (Instr. 4) Stock 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date (Month/Day/Year) Date Expiration Aspira Womed 4. Relationship of Relissuer (Check all applicable Director X Officer (give title below) CSO 8 2. Amount of Securities Bereficially Owned (Instr. 4) 3. Title and Amount Securities Underly Derivative Security	Requiring Statement (Month/Day/Year) 07/05/2022 (First) (Middle) E CAVES ROAD, BLDG 3 (State) (Zip) Table I - Non-Derivative Securities Benefically Owned (Instr. 4) Table II - Derivative Securities Beneficially Owned (Instr. 4) Table II - Derivative Securities Beneficially Owned (Instr. 4) Table II - Derivative Securities Beneficially Owned (Instr. 4) Table II - Derivative Securities Beneficially Owned (Instr. 4) Table II - Derivative Securities Beneficially Owned (Instr. 4) Table II - Derivative Securities Beneficial (e.g., puts, calls, warrants, options, convertile (Month/Day/Year) Date Expiration Date (Month/Day/Year) Aspira Women's Head. 4. Relationship of Reporting Policy (Spinser) Applicable) Director 109 CSO & COO Table II - Non-Derivative Securities Beneficial (Instr. 4) Own Form (D) of Securities Beneficial (Instr. 4) Amount of Securities Underlying Derivative Security (Instr. 4) Amount of Securities Underlying Derivative Security (Instr. 4)	Aspira Women's Health Ind. (First) (Middle) (First) (Middle) (E CAVES ROAD, BLDG 3 (State) (Zip) Table I - Non-Derivative Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 4) Stock Table II - Derivative Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Stock Table II - Derivative Securities Beneficially Ownership Form: Direct (C) or Indirect (I) (Instr. 5) Stock 3,000 D Table II - Derivative Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Stock 3,000 D Table II - Derivative Securities Beneficially Ownership Form: Direct (C) or Indirect (I) (Instr. 5) Stock 3,000 D Table II - Derivative Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Stock Amount of Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Stock Amount of Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Amount or Number of Securities Underlying Derivative Security (Instr. 4) And Conversion Forms Direct (C) (D) or Indirect (I) (Instr. 4) Amount or Number of Securities Underlying Derivative Security (Instr. 4)	Aspira Women's Health Inc. [awh] Aspira Women's Health Inc. [awh] 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner (Specify below) TX 78738 (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Expiration Date (Month/Day/Year) Aspira Women's Health Inc. [awh] 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner (Specify below) CSO & COO Stock 3. If Amendmen (Check Applicable) CSO & COO Stock 4. Nature of Ind Ownership Form: Direct (D) or Indirect (I) (Instr. 5) Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Expiration Date (Month/Day/Year) Aspira Women's Health Inc. [awh] 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Check all applicable) CSO & COO Other (specify below) CSO & COO Ownership Form: Direct (D) or Indirect (D) or I

Explanation of Responses:

/S/ Ryan T. Phan

07/12/2022

** 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 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.