

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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nours per response	e 0.5			

INITIAL STATEMENT OF BENEFICIAL 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

Name and Address of Reporting Person * Maccecchini Maria-Luisa	2. Date of Event Requiring Statement (Month/Day/Year) -06/08/2022		3. Issuer Name and Ticker or Trading Symbol Lantern Pharma Inc. [LTRN]						
(Last) (First) (Middle) 1920 MCKINNEY AVENUE, 7TH FLOOR	00,00,00			4. Relationship of Issuer (Check X Director	Reporting Persor all applicable)	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)		
DALLAS, TX 75201				Officer (give title	Other (spec	Applicable I _X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)		Beneficially Owned Form: Dire		Form: Direct (D) or Indirect (I)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable 3. and Expiration Date (Month/Day/Year) Se		3. Title and	d Amount of Underlying Derivative	4. Conversion	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title Amo	ount or Number of es	Security	(D) or Indirect (I) (Instr. 5)			

Reporting Owners

Reporting Owner Name / Address		Relationships				
		10% Owner	Officer	Other		
Maccecchini Maria-Luisa 1920 MCKINNEY AVENUE, 7TH FLOOR DALLAS, TX 75201	X					

Signatures

/s/ Maria Maccecchini	06/17/2022
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.