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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

1. Name and Address of Reporting Person * <u>Symetryx Corp</u> _____ (Last) (First) (Middle) 2828 BATHURST ST #400 _____ (Street) TORONTO A6 M6B3A7 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/23/2023	3. Issuer Name and Ticker or Trading Symbol <u>NeuBase Therapeutics, Inc.</u> [NBSE]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 09/01/2023 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, Par Value \$0.0001 per Share	109,508 ⁽¹⁾	D	
Common Stock, Par Value \$0.0001 per Share	80,973 ⁽²⁾	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person * <u>Symetryx Corp</u> _____ (Last) (First) (Middle) 2828 BATHURST ST #400 _____ (Street) TORONTO A6 M6B3A7 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>Shiff Barry</u> _____ (Last) (First) (Middle) 461 LYTTON BLVD. _____ (Street) TORONTO A6 M5N 1S5 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>Shiff Aleta</u> _____ (Last) (First) (Middle) 461 LYTTON BLVD. _____ (Street) TORONTO A6 M5N 1S5 _____ (City) (State) (Zip)		
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Explanation of Responses:

1. The shares listed in Table I, Row 1, Column 3 are beneficially owned by Barry Shiff, an individual through two retirement accounts. On the original Form 3 filed September 1, 2023, these shares were reported based on the beneficial ownership of each of the two separate retirement accounts, without reporting a CIK or CCC number for Mr. Shiff.

2. The shares listed in Table I, Row 2, Column 3 are beneficially owned by Aleta Shiff, an individual through two retirement accounts. On the original Form 3 filed September 1, 2023, these shares were reported based on the beneficial ownership of each of the two separate retirement accounts, without reporting a CIK or CCC number for Ms. Shiff.

Barry Shiff

09/12/2023

Aleta Shiff

09/12/2023

** 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.