

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

ANNUAL 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

Form 3 Holdings Reported.

Form 4 Transactions Reported.

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. Issuer Name and Ticker or Trading Symbol <u>NeuBase Therapeutics, Inc. [NBSE]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>no longer 10% Owner</u>
	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price			
Common Stock, par value \$0.0001	09/18/2023 ⁽¹⁾		J ⁽¹⁾	0 ⁽¹⁾	D	\$0 ⁽¹⁾	192,481 ⁽¹⁾	D	

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person *

Symetryx Corp

(Last) (First) (Middle)

2828 BATHURST ST #400

(Street)

TORONTO A6 M6B3A7

(City) (State) (Zip)

1. Name and Address of Reporting Person *

Shiff Aleta

(Last) (First) (Middle)

461 LYTTON BLVD.

(Street)

TORONTO A6 M5N 1S5

(City) (State) (Zip)

1. Name and Address of Reporting Person *

Shiff Barry

(Last) (First) (Middle)

461 LYTTON BLVD.

(Street)

TORONTO A6 M5N 1S5

(City) (State) (Zip)

Explanation of Responses:

1. (1) Symetryx Corporation reported the sales of all its Common Stock of Issuer on Form 4 filed 9/18/2023. Barry and Aleta Shiff are beneficial owners of shares listed.

Remarks:

Barry Shiff, President of Symetryx Corporation, is the authorized signatory for Symetryyx Corporation, himself, and Aleta Shiff.

Barry Shiff

09/20/2023

** 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 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).

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.