FORM	4

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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SEC 1474 (9-02)

### STATEMENT OF CHANGES IN 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

(Print or Type Responses)											
1. Name and Address of I DOCKERY CARL	2. Issuer Name and CytoDyn Inc. [CY		Tradi	ng Symbo	əl	5. Relationship of Reporting Person(s (Check all applica X Director 10					
(Last) 11111 MAIN STREET	, SUITE 660		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018						Officer (give title below)Other (specify below)		
VANCOUVER, WA		4. If Amendment, Date Original Filed(Month/Day/Year)						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)	Т	able I - No	n-De	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D) any (Instr. 8) (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial	
	(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)			
Reminder: Report on a se	parate line for eac	h class of securities	beneficially owned	directly or i	ndire	ctlv.					

	nend to the collection of in
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 Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	r of	6. Date Exer	rcisable and	7. Title and	l Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	n Derivative Expiration Date of		of Underly	Underlying Derivative		Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code				Securities Security		Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Acquired	1 ( )		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					or Dispos	ed					-	(Instr. 4)		
	Security					of (D)					0	Direct (D)			
						(Instr. 3, 4	ŀ,							or Indirect	
						and 5)	-				1		Transaction(s)	< / .	
											Amount		(Instr. 4)	(Instr. 4)	
									Expiration	Title	or				
				G 1		(1)		Exercisable	Date		Number				
				Code	V	(A)	(D)				of Shares				
Stock															
Options	¢ 0 10	06/00/2010				100.000		<u>(1)</u>	0.000/2020	Common	100.000	¢ 0	100.000	D	
(right to	\$ 0.49	06/08/2018		А		100,000		(1)	06/08/2028	Stock	100,000	\$ 0	100,000	D	
buy)										210011					
ouy)															

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
DOCKERY CARL 1111 MAIN STREET, SUITE 660 VANCOUVER, WA 98660	х							

# Signatures

/s/ Michael D. Mulholland, as attorney-in-fact	06/12/2018
**Signature of Reporting Person	Date

## **Explanation of Responses:**

\* 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).

(1) The options will vest in four equal quarterly installments commencing on September 1, 2018.

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.