## FORM 4

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

OIVID APPR	OVAL
OMB Number:	3235-028
Estimated average	burden
hours per response	0

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### 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 Reporting Person* Welch David F			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner							
			CytoDyn Inc. [CYDY]											
	(Last) (First) (Middle) 1111 MAIN STREET, SUITE 660			3. Date of Earliest Transaction (Month/Day/Year) 06/18/2019					Officer (g	ve title below)	Othe	(specify below)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					Individual or Joint/Group Filing(Check Applicable Line)     X_ Form filed by One Reporting Person     Form filed by More than One Reporting Person						
VANCO	UVER, W	A 98660								roini incu b	Wore than One i	ceporting r crson		
(Cit	y)	(State)	(Zip)			Tabl	e I - Non-D	erivative Secur	ties Acqu	ired, Dispose	l of, or Benef	icially Owner	i	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Execut any	cution Date, if		ransaction e tr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Ber Owned Following Reported Transaction(s)			Ownership o	. Nature f Indirect Beneficial	
				(Month	n/Day/Yea		(Instr. 3 and 4)		Direct (D) Ownership (Instr. 4) I) Instr. 4)					
Reminder:							in thi	ns who respo form are no ently valid O	require	d to respond				174 (9-02)
Reminder:	T						in thi	form are no	require	d to respond				1/4 (9-02)
	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., pu 4. Transact Code	5. Nui ion Deriv Secur Acqui or Dis	nber of tive ties red (A	in thi a cur equired, Dists, options, 6. Date F Expiratio (Month/I	s form are no cently valid O posed of, or Be convertible sec xercisable and	neficially urities) 7. Title of Und Securit	d to respond rol number.  Owned  e and Amount lerlying	8. Price of	9. Number o Derivative Securities Beneficially Owned	f 10. Ownershi Form of Derivative Security:	11. Nature of Indirection Beneficion Owners! (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transact Code	ion Secur Acqui	nber of tive ties red (A posed	in thi a cur equired, Dists, options, 6. Date F Expiratio (Month/I	s form are no cently valid O posed of, or Be convertible sec exercisable and n Date	neficially urities) 7. Title of Und Securit	of to responded to responded number.  Owned  e and Amount lerlying ties	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	11. Nature of Indire Benefici Owners! (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transact Code	5. Nur Secur Acqui or Dis (D) (Instr.	nber of tive ties red (A) posed 3, 4,	in this a cur equired, Dists, options, 6. 6. Date Expiration (Month/I) of  Date Exercisa	s form are no cently valid O  posed of, or Beconvertible sectors able and n Date Day/Year)  Expiration	neficially urities) 7. Title of Und Securit	of to responded to responded number.  Owned  e and Amount lerlying ties	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficie Owners! (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Welch David F 1111 MAIN STREET, SUITE 660 VANCOUVER, WA 98660	X				

## **Signatures**

/s/ Michael D. Mulholland, as attorney-in-fact	06/19/2019
**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).
- $\textbf{(1)} \ \ \text{The options will vest in four equal quarterly installments, commencing on September 1, 2019.}$

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.