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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Instruction 1(b). Company Act of 1940

(Print or Type Responses)												
1. Name and Address of Rep Recknor Chris P		2. Issuer Name and T CytoDyn Inc. [CY		ading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 1111 MAIN STREET,	(First) SUITE 660		Date of Earliest Tra 08/06/2021	nsaction (M	onth/I	Day/Year)		XOfficer (give title below) Other (specify below) Chief Operating Officer Officer				
VANCOUVER, WA 9	(Street) 98660	4	. If Amendment, Date	e Original Fi	led(M	onth/Day/Yea	r)	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 Acquired, Disposed of, or Beneficially Owned									
1. Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Y)			Execution Date, if any	3. Transact Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: of Indirec Beneficia	Beneficial	
			(Month/Day/Year)	Code	v	Amount (A) or (D) Price			(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common stock		08/06/2021		А		19,384 (1)	A	\$ 0 (1)	686,050	D		

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 SEC 1474 (9-02) 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 Derivative Security (Instr. 3)	Conversion	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion)	5. Number of Derivative6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)	
Non- qualified stock option (right to buy)	\$ 1.32	08/06/2021		А		1,450,000		(2)	08/06/2031	Common stock	1,450,000	\$ O	1,450,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Recknor Chris P 1111 MAIN STREET, SUITE 660 VANCOUVER, WA 98660			Chief Operating Officer					

Signatures

/s/ Antonio Migliarese, Attorney-in-fact	08/10/2021
-**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) Represents shares received in lieu of 50% of a cash incentive bonus paid for services performed during the fiscal year ended May 31, 2021, which may be paid (a) 100% in cash or (b) 50% in stock and 50% in cash, as determined by the issuer's compensation committee of the board of directors.

(2) The option vests in three equal annual installments beginning on August 6, 2022.

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.