

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001175680	RexRay Corpo	oration	6
Name of Issuer	CYTODYN IN		Corporation
CytoDyn Inc.	REXRAY CO	RP	Limited Partnership
Jurisdiction of			C Limited Liability Company
Incorporation/Organization			C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organization	n		C Other
Over Five Years Ago Within Last Five Years			
(Specify Year)			
C Yet to Be Formed			
2. Principal Place of Bu	usiness an	d Contact Inf	formation
Name of Issuer			
CytoDyn Inc.			
Street Address 1		Street Address 2	
1111 MAIN STREET, SUITE 660			
	ate/Province/Cour	ntry ZIP/Postal (Code Phone No. of Issuer
	WASHINGTON	98660	360-980-8524
VANCOUVER	WASHINGTON	98000	300-980-8324
0.0.1.1.0			
3. Related Persons			
Last Name	First Name		Middle Name
Pourhassan	Nader		Z.
Street Address 1		Street Address 2	
c/o CytoDyn Inc.		1111 Main Stree	et, Suite 660
City	State/Province/C		ZIP/Postal Code
	WASHINGTO		98660
Vancouver	WASHINGTO		98000
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary	r)		
Last Name	First Name		Middle Name
Mulholland	Michael		D.
Street Address 1	L	Street Address 2	<u> </u>
c/o CytoDyn Inc.		1111 Main Stree	et. Suite 660
	State/Deces * 'C		
City	State/Province/C		ZIP/Postal Code
Vancouver	WASHINGTO	ON .	98660

Director

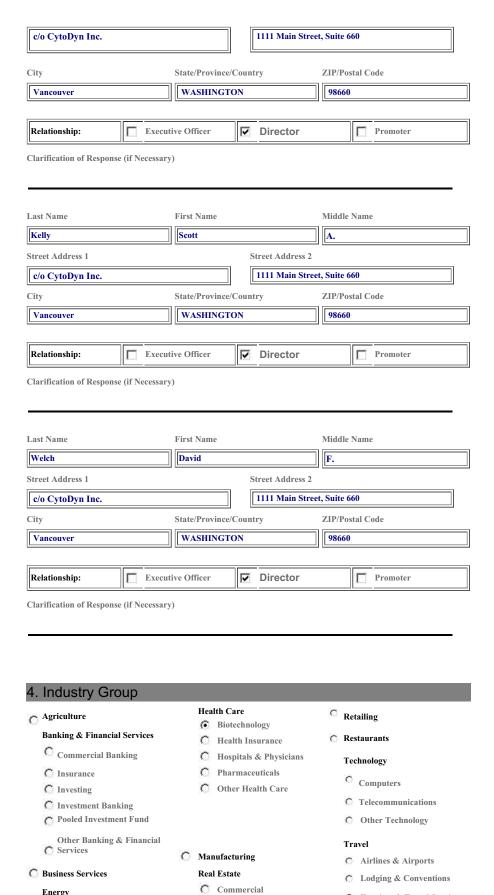
Executive Officer

Relationship:

Promoter

Last Name		First Name		Midd	lle Name	
Naydenov		Jordan		G.		
Street Address 1			Street Adda	ess 2		
c/o CytoDyn Inc.			1111 Mair	n Street, Suit	e 660	
City		State/Province	/Country	ZIP/	Postal Code	
Vancouver		WASHINGTON		986	98660	
Relationship:	Executi	ive Officer	☑ Directo	or	Promoter	
Clarification of Respon	nse (if Necessary)				
Last Name		First Name		Midd	lle Name	
Pestell		Richard		G.		
treet Address 1			Street Addı	ess 2		
c/o CytoDyn Inc.			1111 Mair	n Street, Suit	e 660	
City		State/Province/	/Country	ZIP/	Postal Code	
Vancouver		WASHINGT	ON	986	660	
Relationship:	Executi	ive Officer	☑ Directo	or	Promoter	
Last Name		First Name		Midd	lle Name	
		First Name Gregory		Midd	lle Name	
Last Name Gould Street Address 1			Street Addı	A.	lle Name	
Gould			-	A.		
Gould Street Address 1 c/o CytoDyn Inc.			1111 Mair	eess 2		
Gould Street Address 1 c/o CytoDyn Inc.		Gregory	1111 Main	eess 2	e 660 Postal Code	
Gould Gireet Address 1 c/o CytoDyn Inc. City Vancouver	Execution	Gregory State/Province	1111 Main	A. ress 2 n Street, Suit ZIP/1 986	e 660 Postal Code	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Respon		Gregory State/Province. WASHINGT ive Officer	Country ON	A. ress 2 n Street, Suit ZIP/1 986	e 660 Postal Code 660 Promoter	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsible Address 1		State/Province. WASHINGT ive Officer)	Country ON	A. ress 2 In Street, Suit ZIP/I 986	e 660 Postal Code	
Gould Street Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Respon		Gregory State/Province. WASHINGT ive Officer	Country ON Directo	A. ress 2 n Street, Suit ZIP/I 986 Or	e 660 Postal Code 660 Promoter	
Gould Citreet Address 1 C/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsite Large Country Last Name Klump Street Address 1		State/Province. WASHINGT ive Officer)	Country ON Directo	A. ress 2 In Street, Suit ZIP/I 986 Or Midde A. ress 2	e 660 Postal Code 660 Promoter lle Name	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsists Name Klump Greet Address 1 c/o CytoDyn Inc.		State/Province. WASHINGT ive Officer First Name Michael	Country ON Street Addi 1111 Main	Midde A. Pess 2 Midde A. Pess 2	e 660 Postal Code 660 Promoter Promoter	
Gould Creet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsite Street Address 1 c/o CytoDyn Inc. City		State/Province. WASHINGT ive Officer ive Michael State/Province.	Country ON Street Addr [1111 Main (Country)	Midda A. Pess 2 Midda A. Pess 2 Midda A. Pess 2 Midda A. Pess 2 No Street, Suit	e 660 Postal Code Promoter Ble Name e 660 Postal Code	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsite to the control of the co		State/Province. WASHINGT ive Officer First Name Michael	Country ON Street Addr [1111 Main (Country)	Midde A. Pess 2 Midde A. Pess 2	e 660 Postal Code Promoter Ble Name e 660 Postal Code	
Gould Creet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Responsite Street Address 1 c/o CytoDyn Inc. City	ise (if Necessary	State/Province. WASHINGT ive Officer ive Michael State/Province.	Country ON Street Addr [1111 Main (Country)	Midda A. Pess 2	e 660 Postal Code Promoter Ble Name e 660 Postal Code	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Respon ast Name Klump Greet Address 1 c/o CytoDyn Inc. City Vancouver	Execution Execution	State/Province. WASHINGT ive Officer Michael State/Province. WASHINGT	Street Addr [1111 Main (Country) ON	Midda A. Pess 2	e 660 Postal Code lle Name e 660 Postal Code 660	
Gould Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship: Clarification of Respon ast Name Klump Greet Address 1 c/o CytoDyn Inc. City Vancouver Relationship:	Execution Execution	State/Province. WASHINGT ive Officer Michael State/Province. WASHINGT	Street Addr [1111 Main (Country) ON	Midde A. Pess 2 Midde A. Pess 3 Midde A. Pess 3 Midde A. Pess 4 Midde A. Pess 5 Midde A. Pess 5 Midde A. Pess 6 Midde A. Pess 6 Midde A. Pess 7 Midde A. Pess 8 Midde A. Pess 8 Midde A. Pess 8 Midde A. Pess 9 Midde	e 660 Postal Code lle Name e 660 Postal Code 660	

Street Address 1 Street Address 2



Construction

Residential

Other Real Estate

REITS & Finance

C Tourism & Travel Services

C Other Travel

O Other

C Oil & Gas
C Other Energy

C Coal Mining

C Electric Utilities

C Energy Conservation

C Environmental Services

Revenue Range	Aggregate Net Asset Value Range
C No Revenues	No Aggregate Net Asset Value
C \$1 - \$1,000,000	C \$1 - \$5,000,000
C \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
C \$5,000,001 - \$25,000,000	C \$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	C \$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
© Decline to Disclose	C Decline to Disclose
C Not Applicable	C Not Applicable
6. Federal Exemption(apply)	s) and Exclusion(s) Claimed (select all that
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
Rule 504 (b)(1)(i)	
Rule 504 (b)(1)(ii)	Rule 506(c)
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
	Investment Company Act Section 3(c)
7. Type of Filing	
▼ New Notice Date of First Sa	ale 2019-03-20 First Sale Yet to Occur
New Notice Date of Physics	Physicale let to occur
Amendment	
8. Duration of Offering	
o. Daration of Officing	<u> </u>
Does the Issuer intend this offering to l	ast more than one year? C Yes No
0 Type(s) of Securities	s Offered (select all that apply)
Pooled Investment Fund	
Interests	▼ Equity
Tenant-in-Common Securities	☐ Debt
Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon	
Other Right to Acquire	Other (describe)
Security	
	Convertible Preferred Stock with Warrants
10 Business Carelin	tion Transaction
10. Business Combina	5000
Is this offering being made in connection transaction, such as a merger, acquisition	Vos No
Clarification of Response (if Necessary	
11. Minimum Investme	ent
2.51	
Minimum investment accepted from an investor	ny outside \$ 0 USD
Minimum investment accepted from a investor	ny outside s USD

Recipient		Recipient CR	D Number	None
Paulson Investment Comp	any, LLC	5670		
(Associated) Broker or Dealer	▼ None	(Associated) Number) Broker or Dealer (CRD None
Street Address 1		Street Add	lress 2	_
2141 W. NORTH AVE.		2ND FLOO	R	
City		State/Province/Cou	intry	ZIP/Postal Code
CHICAGO		ILLINOIS		60647
State(s) of Solicitation	✓ All States	Foreign/Non-US		
,				
				_
13. Offering and S	ales Amoun	ts		
		¬		
	000000	USD Inde	efinite	
L	246000	USD		
Fotal Remaining to be \$ 12	754000	USD Inde	efinite	
Clarification of Response (if Ne	cessary)			
(7	
			_	
14. Investors				
Select if securities in do not qualify as accr Number of such non-offering Regardless of whethe to persons who do no number of investors who do not number of num	edited investors, accredited investors r securities in the off t qualify as accredite	who already have invering have been or m	vested in the hay be sold to total	
15. Sales Commis	sions & Find	lers' Fees E	xpenses	
Provide separately the amounts				amount of an
expenditure is not known, prov				amount of an
Sales Commis	sions \$ 250000	US	SD Est	timate
Finders'	Fees \$ 0	US	SD Est	timate
Clarification of Response (if No	ecessary)			
Assumes maximum commis				
16. Use of Procee	ds			
Provide the amount of the gros any of the persons required to If the amount is unknown, prov	be named as executiv	e officers, directors o	or promoters in resp	
× F - 1	\$	0	USD	E stimate
Clarification of Response (if Ne	cessary)			
Some of the proceeds may b	e used			

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
CytoDyn Inc.	/s/ Michael D. Mulholland	Michael D. Mulholland	Chief Financial Officer	2019-04-02