| SEC Form 4 | 1 |
|------------|---|
|------------|---|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1

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

OMB APPROVAL

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

| 1. Name and Address of Reporting Person* Cohen Steven Michael | | | 2. Issuer Name and Ticker or Trading Symbol Lottery.com Inc. [LTRY] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|----------------------|-------|---|---|---|-----------------------|--|--|
| | <u>III WIICIIdei</u> | | | X | Director | 10% Owner | | |
| C/O LOTTERY.COM INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022 | | Officer (give title below) | Other (specify below) | | |
| 20808 STATE HWY 71 W., UNIT B | | Г В | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) SPICEWOOD | ТХ | 78669 | | X | Form filed by One Re Form filed by More th Person | | | |
| (City) | (State) | (Zip) | | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------|------|---|-----------|---------------|-------------------|---|----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 06/10/2022 | | Α | | 41,401(1) | Α | \$ <mark>0</mark> | 41,401 | 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) | med no Date, no Date, Day/Year) 4. Transaction Code (Instr. B) 5. Number of Derivative Securities Acquired 6. Date Exercisable and 6. Date Exercisable and (Month/Day/Year) 6. Date Exercisable and (Month/Day/Year) Code (Instr. B) Code (Instr. B) Code (Instr. Code (I | | unt of rities rlying ative rity (Instr. | 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) | | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents restricted stock units granted to the reporting person on June 10, 2022. Such restricted stock units will vest, and an equal number of shares of common stock will be deliverable to the reporting person, upon the first anniversary of the grant date.

| <u>/s/ Kathryn</u> | Lever, Attorney- | 06/ |
|--------------------|------------------|-----|
| in-Fact | | 00/ |

06/14/2022

** 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.