SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

3235-0104

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SECURITIES F

Filed pursuant to Section 16(a) of the Securities Exchange Act o	f 1934
or Section 30(h) of the Investment Company Act of 1940	

1. Name and Address of Reporting Person [*] MCGAHAN MATTHEW HOWARD			2. Date of Event Requiring Statement (Month/Day/Year) 08/29/2024 3. Issuer Name and Ticker or Trading Symbol Lottery.com Inc. [LTRY]								
(Last)	(First) FIELD BUCk X0 (State)	(Middle) S 2DQ (Zip)	,		Issuer	ationship of Reporting (all applicable) Director Officer (give title below) President &	10% C Other below)	wner (specify	File	d (Month/Day/ ndividual or Jo eck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
COMMON						1,101,487	I	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Exp		Expiration Da	. Date Exercisable and xpiration Date Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Convers or Exerc		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Matthew Howard

08/29/2024

McGahan

Person

** Signature of Reporting

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 5 (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.

- - Date