FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Stubblefield Robert J Re		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) (Middle) 175 GREVILLIA DRIVE	00/27/202		4. Relationship of Reporting Issuer (Check all applicable)	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) PETALUMA, CA 94952	-		Officer (give title below) Chief Financia			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
COMMON			360,000	I)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

/s/ Robert J. Stubblefield

08/29/2024

** 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 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.