SEC Form 3 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

	Address of Repo	orting Person [*]	2. Date of E Requiring S (Month/Day 08/29/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol Lottery.com Inc. [LTRY]				
(Last) CHEISFIEI (Street) KENT, (City)	(First) LD HILL HO X0 (State)	(Middle) DUSE BR6 7SL (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	Person(s) to 10% Owner Other (specify below)		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Image: Form filed by One Reporting Person Form filed by More than One Reporting Person 	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. \$)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
COMMON					323,123	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Ex (M			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of So Underlying Derivative Se (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

/s/ Tamer Hassan

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.