FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ONB APPRO	VAL
OMB Number:	3235-0287
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hours per response	0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Responses	s)														
1. Name and Address of Reporting Person * Troy Tevi				2. Issuer Name and Ticker or Trading Symbol Avalon GloboCare Corp. [AVCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O AVALON GLOBOCARE CORP.,, 4400 ROUTE 9, SUITE 3100			3. Date of Earliest Transaction (Month/Day/Year) 02/25/2020								Officer (give title below) Other (specify below)					
(Street) FREEHOLD., NJ 07728			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)	Table L. Non-Derivative Securities Acqui						Acquired.	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)		ed Date, if	3. Transaction Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D)		red 5. Amount of Securities Benef		neficially (6. Ownership Form:	Beneficial Ownership			
Reminder:	Report on a s	separate line for each		- Deriva	tive	Securitio	es Aco	Perso in this a curr quired, Dis	ons s for ent	who respond rm are not re ly valid OMB	quired to a control na icially Own	espond ι ımber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	rsion Date (Month/Day/Year) Execting fitive Exection (Month/Day/Year)	Date Execution Date, if Month/Day/Year)	Code Securiti (Instr. 8) Acquire		umber erivative Expiration (Month/D isposed D) r. 3, 4,		Exercisable and ion Date (Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	e	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option	\$ 1.52	02/25/2020		A		80,000		02/25/20	20	02/25/2020	Commor Stock, \$.0001 par value	80,000	\$ 1.52	80,000	D	
Stock Option	\$ 2.75							01/01/20	19	12/31/2023	Commor Stock, \$.0001 par value	50,000		50,000	D	
Stock Option	\$ 2.3							06/04/20	18	06/03/2023	Commor Stock, \$.0001 par value	20,000		20,000	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Troy Tevi C/O AVALON GLOBOCARE CORP., 4400 ROUTE 9, SUITE 3100 FREEHOLD., NJ 07728	X					

Signatures

/s/ Tevi Troy	02/25/2020
	,

**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- ($\bf{1}$) The stock options vest over one year in equal quarterly installments.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 for procedure. \\$

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.