FORM 4

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

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

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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

	pe Response	- /													
1. Name and Address of Reporting Person* Lu Wenzhao			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 X 10% Owner						
(Last) (First) (Middle) C/O AVALON GLOBOCARE CORP., 4400 ROUTE 9 SOUTH, SUITE 3100			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2022							Officer (give t	itle below)		(specify below	w)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
FREEHOLD, NJ 07728 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						es Acquir	lired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)				any	tion Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		l (orm:	7. Nature of Indirect Beneficial
				(Month/Day/Yea		Code	V	Amount	(A) or (D)	l Ì	(Instr. 3 and 4)		(Direct (D) r Indirect I) Instr. 4)	Ownership (Instr. 4)
Common	Stock, \$.0	0001 par value	08/05/2022			A		448,718	A	\$ 0.78	33,192,708 D)		
	G. 1 A.	0001 par value (1)							2	2,645,161]		See Footnote
Commor	Stock, \$.0	0001 par value —													(1)
		separate line for each	class of securities b	vative	Securitie	es Acqui	Perso in this a curr ed, Di	ons who re s form are rently valid	not red OMB	equired t 3 control Benefici	ially Owned	nless the f			1474 (9-02)
		separate line for each 3. Transaction Date (Month/Day/Year)	Class of securities b Table II - Deri (e.g., 3A. Deemed Execution Date, if	vative, puts, 4. Transac Code	Securitie calls, wal	es Acquirrants, o f. Da Expir (Mon tive ties ties and 3,	Perso in this a curr ed, Di otions	ons who re is form are rently valid isposed of converti- isable and tte	f, or Fible se	equired to a control Benefici ecuritie	to respond under. I number. ially Owned es) d Amount of g Securities	nless the t		10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natur of Indire Beneficia ve Ownersh (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	separate line for each 3. Transaction Date (Month/Day/Year)	Table II - Deri (e.g., 3A. Deemed Execution Date, if	vative, puts, 4. Transac Code	Securities calls, wan 5. Numbo of Deriva Securi Acquin (A) or Dispos of (D) (Instr. 4, and	es Acquirrants, o f. Da Expir (Mon tive ties ties and 3,	Perso in this a curre ed, Di otions e Exerc tion Da h/Day/	ons who re is form are rently valid isposed of converti- isable and tte	f, or Hible se	equired to a control of the control	to respond under. I number. ially Owned es) d Amount of g Securities	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(To. Ownerst Form of Derivati Security Direct (I or Indirect) (I)	11. Natur of Indire Beneficia ve Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Wenzhao Lu	08/08/2022
**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).
- (1) WLM Limited, a company controlled and wholly-owned by Wenzhao Lu, holds 2,645,161 shares of common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, 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.