FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0104						
Estimated average burden							
hours per response:	0.5						

INITIAL STATEMENT OF 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

Folix Loundes		Date of Event Reatement (Month/		3. Issuer Name and Ticker or Trading Symbol Avalon GloboCare Corp. [ALBT]							
	(First) GLOBOCARE C SOUTH, SUITE NJ (State)	(Middle)				ionship of Reporting Person(s all applicable) Director Officer (give title below)) to Issuer 10% Owner Other (speci below)		-	<u> </u>	
Table I - Non-Derivative Securities Beneficially Owned											
·· · ····· - · · · · · · · · · · · ·				2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		I. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Un Derivative Security (Instr. 4)		Conve or Exe		cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title	Amount or Secu		Price of Derivativ Security	,			
Stock Option ⁽¹⁾			01/09/2023	01/09/2028	Cor	nmon Stock, \$0.0001 par value per share	7,803	4.01	D		

Explanation of Responses:

1. For 2023, the Company granted Ms. Felix options to acquire 7,803 shares of common stock at an exercise price of \$4.01 for a term of five years with 1,803 options vesting during the first calendar quarter and the balance vesting at the rate of 2,000 options at the beginning of every quarter during 2023.

> 03/07/2023 /s/ Lourdes Felix

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).