

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPRO\	/AL
OMB	3235-
Number:	0104
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burden hours per	
response	0.5

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 Type Responses)									
1. Name and Address of Reporting Person * Lu Wenzhao	Statem (Month	n/Day/Year		ool					
(Last) (First) (Middle) C/O AVALON GLOBOCARE CORP., 83 SOUTH STREET, SUITE 101	10/28/2016			Person(s) to I	all applicable	)	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) FREEHOLD,, NJ 97728				title below)	% \1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _ Form filed by More than One Reporting Person		
(City) (State) (Zip)		Tal	ble I	- Non-Derivati	ve Securitie	es Bene	ficially	Owned	
1.Title of Security (Instr. 4)		Ber		lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Owners	ship	irect Beneficial	
Common Stock, \$0.0001 par valu	ie per sha	are 30,	900,0	000	D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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 control number.									
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2.	Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of			5. Own Se Form	6. Nat nership Benef	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	ate xercisable	Expiration Date	+	Amount or Numb of Shares	Derivative Security	Dire	ct (D) adirect		
<b>Reporting Owners</b>									

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Lu Wenzhao C/O AVALON GLOBOCARE CORP. 83 SOUTH STREET, SUITE 101 FREEHOLD,, NJ 97728	X	X			

## Signatures

/s/ Wenzhao Lu	10/28/2016
Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.

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.