FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated averag						
ours per respon	se 0.5					

Check this box if no 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

Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							5	5. Relationship of Reporting Person(s) to Issuer							
Lu Wenzhao				Avalon Globocare Corp. [AVCO]								(Check all applicable) X Director X 10% Owner							
(Last) (First) (Middle) C/O AVALON GLOBOCARE CORP., 83 SOUTH STREET, SUITE 101				3. Date of Earliest Transaction (Month/Day/Year) 04/20/2017							-	Office	r (give title belo	w)	Other (specify	below)			
(Street) FREEHOLD, NJ 97728				4. If Amendment, Date Original Filed(Month/Day/Year)								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)	(Stata) (Zin)					ble I - Nor	Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned							
(Instr. 3) Date		Date	Date (Month/Day/Year)		Deemed cution Date, if	3. Transac Code (Instr. 8)		on 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		red 5. Amou (D) Benefici		unt of Securities cially Owned Following and Transaction(s)		6. Ownership Form: Direct (D)	of Inc Bene	7. Nature of Indirect Beneficial Ownership			
						,		Code	V	Amou	ınt	(A) or (D)	Price	`			or Indirec (I) (Instr. 4)	(Instr	nstr. 4)
Common value	Stock, \$.0	001 par	04/20/	/2017				S		5,000,0	000	1)	\$ 0.5	25,900,	000		D		
Reminder: indirectly.	Report on a s	separate line	for each	class of secu					Per con the	sons wl tained i form di	in th spla	is forr	n are urrer	not req	uired to re d OMB cor	formation espond unl ntrol numb	ess	SEC 14	174 (9- 02)
				Table II - I				ies Acquir arrants, op						ly Owned	l				
Derivative Security	2. Conversion or Exercise Price of Derivative Security		/Year)	Execution Da any		4. ate, if Transaction Code (Instr. 8)		of	and e (M	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Bottive O (In (D) rect	(Instr. 4)	
						Code	V	(A) (D)		te ercisable		iration e	Title	Amount or Number of Shares					
Repor	ting O	wners																	

Daniel Communication (Addition	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	04/20/2017
Signature of Reporting	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).

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.