

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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

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

| (Print or Type Responses) | | | | | | | | |
|-----------------------------------|-----------------|------------------|--|--|------------------------|--------------------------------|---|--|
| 1. Name and Address of Reporting | ~ | | | 3. Issuer Name and Ticker or Trading Symbol Avalon Globocare Corp. [AVCO] | | | | |
| Person * | | ment | Avalor | | | | | |
| Stilley William B. III | , | th/Day/Year) | | | | | | |
| (Last) (First) (Middle) | | 07/05/2018 | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| C/O AVALON GLOBOCARE | | | | | | | | |
| CORP., 4400 ROUTE 9 SOUTH, | | | | | | | | |
| SUITE 3100 | | | Off | ficer (give | Other (s | | | |
| (Street) | | | title below | <i>i</i>) | below) | | lual or Joint/Group | |
| EDEEMOND N. 0550 | | | | | | | eck Applicable Line) | |
| FREEHOLD, NJ 07728 | | | | | | | led by One Reporting Person ed by More than One Reporting | |
| | | | | | | Person | | |
| (City) (State) (| Zip) | Tabl | e I - Non-Der | ivative | Securities | s Beneficially | Owned | |
| 1.Title of Security | | 2. Amount of | | | | | ature of Indirect Beneficial | |
| (Instr. 4) | | Benef (Instr. | ficially Owned | | vnership rm: Direct | Ownership | | |
| | | (IIISII. | . 4) | | or | (IIIsti. 3) | | |
| | | | | | lirect (I) | | | |
| | | | | (In | str. 5) | | | |
| | | | | | | | | |
| Reminder: Report on a separate li | | | • | | • | • | SEC 1473 (7-02) | |
| | | | | | | n this form are OMB control | • | |
| | | | | | | | | |
| Table II - Derivative | Securities Be | neficially Ow | ned (e.g., puts, | calls, war | rants, opti | ons, convertible | securities) | |
| 1. Title of Derivative Security | 2. Date Exerc | | 3. Title and Amount | | 4. | 5. | 6. Nature of Indirect | |
| (Instr. 4) | Expiration Da | | Securities Underlying Derivative Security (Instr. 4) | | Conversion | | Beneficial Ownership | |
| | (Month/Day/Year |) | | | or Exercise Price of | se Form of Derivative | (Instr. 5) | |
| | Date | Expiration | (IIIstr. +) | Amount | Domirrotire | | | |
| | Exercisable | Expiration Date | | or | Security | Direct (D) | | |
| | 2.1010104010 | | Title | Number | | or Indirect | | |
| | | | | of | | (I) (Instr. 5) | | |
| | | | | Shares | | (Ilisti. 3) | | |
| | | | Common | | | | | |
| | | | Stock, | | | | | |
| Stock Option (1) | 07/05/2018 | 06/04/2023 | \$0.0001 par | 20,000 | \$ 2.3 | D | | |
| | | | value per | | | | | |
| | | | share | | | | | |
| | | | | | | | | |
| D | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Stilley William B. III C/O AVALON GLOBOCARE CORP. 4400 ROUTE 9 SOUTH, SUITE 3100 FREEHOLD, NJ 07728 | X | | | | |

Signatures

| /s/ William B. Stilley, III | 07/10/2018 |
|---------------------------------|------------|
| **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).
- (1) For 2018, Avalon GloboCare Corp. granted Mr. Stilley options to acquire 20,000 shares of common stock at an exercise price of \$2.30 for a term of five years with 10,000 options vesting immediately and the balance vesting October 1, 2018.

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.