

REVIV3 PROCARE CO

Reported by **BROWN JEFFREY B.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/13/23 for the Period Ending 02/08/23

Address 901 FREMONT AVE.

UNIT 158 AND UNIT 168 ALHAMBRA, CA, 91803

Telephone 888-638-8883

CIK 0001718500

Symbol RVIV

SIC Code 2844 - Perfumes, Cosmetics and Other Toilet Preparations

Industry Personal Products

Sector Consumer Non-Cyclicals

Fiscal Year 05/31



☐ 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

												1				
Name and Address of Reporting Person *				Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Brown Jeffrey B.			F	Revi	v3 Proc	are Co	[RV	VIV]							
(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner					
(East)		(made)		(X_ Officer (give title below) Other (specify below) Chief Operating Officer					
C/O REVIV3 PROCARE					2/8/2023								ing Offic	er		
COMPANY, 901 S	FREMO	ONT AVI	E #158													
,	(Street)			. If A	mendme	nt, Date (Origina	al Fi	led (M	M/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
	0.1.00.0						_									
ALHAMBRA, CA 91803												X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)										T of the fried by	wore than	one reporting r	CISON	
(- 4)	()	(1)	<u> </u>													
		Table I	- Non-Do	eriva	tive Secu	ırities Ac	cquire	ed, D	ispose	ed o	of, or Be	neficially Owne	d			
1. Title of Security (Instr. 3)			2. Trans. Dat		. Deemed	3. Trans. Code									6.	7. Nature
					ecution te, if any	(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)				Following Reported (Instr. 3 and 4)	Ownership of Indirect Form: Beneficial			
					, ,				,	/		(,			Direct (D) or Indirect	Ownership (Instr. 4)
										A) or					(I) (Instr.	(Instr. 4)
						Code	V	Amo		(D)	Price				4)	
Common Stock 2/8/20				-		S	+		555	D	\$0.45 \$0.46	305,445 D 305,345 D				
Common Stock 2/8/2						8		J	100	D	\$0.46			305,345	D	
	Tabla II - I	Darivativa	Sacuritia	c Rar	noficially	Owned	(00.1	nute	calle	XX/6	arrante	options, conver	tible secr	ritios)		
Title of Derivate 2.	3. Trans.				5 Number		` 0 / 1		isable a	_		Amount of		9. Number of	10.	11. Nature
Security Conversi	on Date	Execution	Code		Derivative Secur		es Expiration Date Secur			Securities U	ecurities Underlying		derivative	Ownership	of Indirect	
(Instr. 3) or Exerci Price of	Date, if an	y (Instr. 8)	Acquired (ADisposed of (Instr. 3, 4)		of (D)							(Instr. 5) Ben	Securities Beneficially	Derivative Owner	Beneficial Ownership	
Derivative Security												Owned Following		(Instr. 4)		
Security							Date		Expirati	on		Amount or		Reported	or Indirect	
			Code	v	V (A)			xercisable D		OII ,	Title	Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option (right to buy)	0.09					. ,	9/1/2022	2 (1)	4/20/203	32	Common Stock	2,200,000		2,200,000	D	

Explanation of Responses:

(1) Options vest as follows: 25% of the original grant amount vests on September 1, 2022 and the remainder vests in 24 equal monthly installments on the first day of each month, beginning October 1, 2022.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Brown Jeffrey B. C/O REVIV3 PROCARE COMPANY 901 S FREMONT AVE #158 ALHAMBRA, CA 91803			Chief Operating Officer					

Signatures

/s/ Jeffrey B. Brown 2/13/2023

**Signature of Reporting Person Date

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

- * 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.

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.